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2009 JUN 12 P 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1109000078079

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Raymond Landa P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Raymond Landa  
Name (Printed or typed)

1454 N.W. 17 Ave Sult 203  
Address

Miami, FI 33125  
City, State & Zip

(305)213-7808  
Daytime Telephone number

RaymondLanda@hotmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 12 P 2:40

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**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2009

RAYMOND LANDA  
1454 NW 17 AVE SUITE 203  
MIAMI, FL 33125

SUBJECT: RAYMOND LANDA P.A.  
Ref. Number: W09000028079

We have received your document for RAYMOND LANDA P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 809A00020398



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2009

RAYMOND LANDA  
1454 NW 17 AVE SUITE 203  
MIAMI, FL 33125

SUBJECT: RAYMOND LANDA P.A.  
Ref. Number: W09000028079

RECEIVED  
DEPARTMENT OF STATE  
09 JUL - 9 AM 10: 29

We have received your document for RAYMOND LANDA P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must tell us a specific purpose. Are you a law firm, a certified public accountant, what? You can't just say legal services.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 309A00022669

409A00024490

Spoke To:  
ATTN: Dale White

Please file w/ original Submit Date.  
This is a law firm The wording is correct.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **Raymond Landa P.A.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*mailing Address: P.O. Box 164351  
MIAMI, FL 33116*

*Principal street*  
1454 N.W. 17 Ave Suit 203  
Miami, FL 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Perform any legal business service.

*I.e. Law firm*

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
**Raymond Landa**  
**1454 N.W. 17 Ave Suit 203**  
**Miami, FL 33125**  
**President**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**Raymond Landa**  
**1454 N.W. 17 Ave Suit 203**  
**Miami, FL 33125**

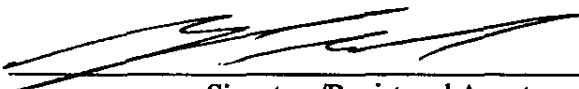
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**Raymond Landa**  
**1454 N.W. 17 Ave Suit 203**  
**Miami, FL 33125**

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

06/10/2009

Date



Signature/Incorporator

06/10/2009

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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