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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 9 2009

COVER LETTER

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

SUBJECT: CONCEPCION SEXTON & MARTINEZ, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Carlos F. Concepcion
Name (Printed or typed)

355 Alhambra Circle, Suite 1250
Address

Coral Gables, Florida 33134
City, State & Zip

305-444-6669
Daytime Telephone number

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

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

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:

CONCEPCION SEXTON & MARTINEZ, P.A.

ARTICLE II PRINCIPAL OFFICE

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

355 Alhambra Circle, Suite 1250, Coral Gables, Florida 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law firm.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Carlos F. Concepcion, PST

ARTICLE VI REGISTERED AGENT

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

Carlos F. Concepcion

355 Alhambra Circle, Suite 1250

Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos F. Concepcion, P.A.

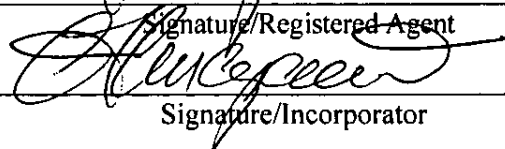
355 Alhambra Circle, Suite 1250

Coral Gables, Florida 33134

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



Signature/Incorporator

9/4/09

Date

9/4/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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