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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 15 AM 10:56

APPROVED  
AND  
FILED

PS 7/20/10

## COVER LETTER

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

**SUBJECT:** The Bankruptcy Clinic, Inc.,

**(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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Robert Sanchez, Esq.,

\_\_\_\_\_  
Name (Printed or typed)

900 West 49 Street, Suite 500

\_\_\_\_\_  
Address

Hialeah, Florida 33012

\_\_\_\_\_  
City, State & Zip

(305)687-8008

\_\_\_\_\_  
Daytime Telephone number

attorneysanchez@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**THE BANKRUPTCY CLINIC, P.A.**  
**Attorney Robert Sanchez**

900 West 49<sup>th</sup> Street, Ste 500  
Hialeah, FL 33012  
Tel: (305) 687-8008  
Fax: (305) 512-9701

4000 SW 60<sup>th</sup> Ct  
Miami, FL 33155  
Tel: (305) 663-1852  
Fax: (305) 663-1853

121 S. Orange Ave, #1500  
Orlando, FL 32801  
Tel: (407) 381-0083  
Fax: (407) 381-0084

July 20, 2010

Division of Corporation  
Attn: Pam Smith  
P.O. Box 6327  
Tallahassee, Florida 32314

Via Fax (850)245-6804

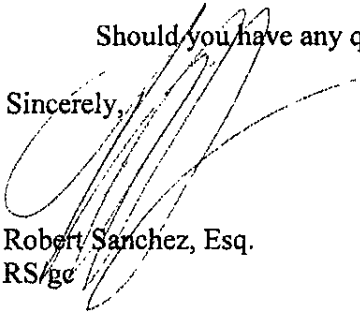
Re: The Bankruptcy Clinic

Dear Sirs:

Please note that the trademark of Bankruptcy Clinic, document # T08000000711 belongs to Robert Sanchez the same Robert Sanchez which has the corporation document # P10000058569. Also please note that we have several offices but that the main office is 900 West 49<sup>th</sup> Street, Suite 500, Hialeah, Florida 33012 and both the trademark and corporation should reflect same.

Should you have any questions do not hesitate to contact the Patty (305)687-8008.

Sincerely,

  
Robert Sanchez, Esq.  
RS/gc

# 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:

The Bankruptcy Clinic, Inc.,

## **ARTICLE II PRINCIPAL OFFICE**

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

Robert Sanchez, Esq.

900 West 49 Street, Suite 500

Hialeah, Florida 33012

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Legal Services

## **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):

Robert Sanchez, 900 West 49 President /  
Esq., Street, Suite 500, Director / Officer  
Hialeah, FL 33012

## **ARTICLE VI REGISTERED AGENT**

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

Robert Sanchez, Esq.,  
900 West 49 Street, Suite 500  
Hialeah, Florida 33012  
(305)687-8008

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Sanchez, Esq.,  
900 West 49 Street, Suite 500  
Hialeah, Florida 33012  
(305)687-8008

\*\*\*\*\*  
*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

07/09/2010

\_\_\_\_\_  
Date

07/09/2010

\_\_\_\_\_  
Date

APPROVED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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