

P10000059801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Vivian Rodriguez **PAVE**

AUTHORIZATION BY PHONE TO

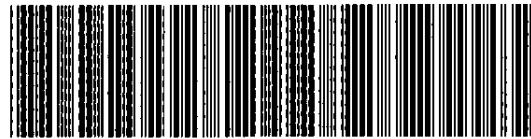
CORRECT Anhele IV - stock

DATE

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PS 7/23

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 21 PM 2:31

APPROVED
AND
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PS 7/23/10

COVER LETTER

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

SUBJECT: Vivian M. Rodriguez, PA.
(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: Vivian Rodriguez
Name (Printed or typed)

2707 NE 5th PL
Address

Cape Coral FL 33509
City, State & Zip

239-443-8369
Daytime Telephone number

VRodriguez PA @ Gmail.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:

Vivian M. Rodriguez, P.A.

ARTICLE II PRINCIPAL OFFICE

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

2707 NE 5th PL Cape Coral FL 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting 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):

Vivian M. Rodriguez - Director
2707 NE 5th PL
Cape Coral FL 33909

ARTICLE VI REGISTERED AGENT

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

Vivian M. Rodriguez
2707 NE 5th PL
Cape Coral FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vivian M. Rodriguez
2707 NE 5th PL
Cape Coral FL 33909

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

7/16/10

Date

7/16/10.

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 21 PM 2:31

APPROVED
AND
FILED