# Image: Pick-up Image: Wait Image: Wait Mail (Business Entity Name) Mail 11/01/10--01034--015 \*\*78.75

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Office Use Only

's puren NUV, APP

2010 NOV - 1 FH 2: 50

П

ILED

# **COVER LETTER**

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

# SUBJECT: South Florida Legal Solution, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

| S70.00<br>Filing Fee<br>& Certificate of Status   | √\$78.75 Filing Fee Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
|---|--|
| . • • •   |  |
| FROM: Nery Muller / Sandra de Varona Trujillo<br>Name (Printed or typed)                                  |  |
| Address   |  |
| Miami, FL 33165<br>City, State & Zip  |  |
| 786-327-6978<br>Daytime Telephone number  |  |
| info@southfloridalegalsolutions.com<br>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 South Florida Legal Solutions, Inc.

The name of the corporation shall be:

### ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>11285 SW 50 Street</u> Miami, FL 33165 Mailing address, if different is:

# ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES Ņ The number of shares of stock is: 2 ഗ **INITIAL OFFICERS AND/OR DIRECTORS** ARTICLE V Name and Title: Nerv Muller. P Name and Title: Sandra de Varona Truillo, P 11285 SW 50 Street Address: 11285 SW 50 Street Address: Miami, FL 33165 Miami\_ FL 33165\_\_\_\_\_ Name and Title: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_ Name and Title: \_\_\_\_\_\_\_ Name and Title: \_\_\_\_\_\_\_ Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Sandra de Varona Address: 12922 SW 208 Lane Miami, FL 33177 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Nerv Muller 11285 SW 50 Street Address: Miami, FL 33165 Having been named as registered agent to accept pervise of process for the above stated corporation at the place designated in this certificate, I am familiar with and accert the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator