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*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** Law Offices of Julissa Rodriguez Hernandez, A Professional Association  
(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:** Law Offices of Julissa Rodriguez Hernandez, A Professional Association  
Name (Printed or typed)

5942 SW 166 Court  
Address

Miami, FL 33193  
City, State & Zip

(786) 355-6656  
Daytime Telephone number

JRHernandezLaw@att.net  
E-mail address: (to be used for future annual report notification)

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

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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: Law Offices of Julissa Rodriguez Hernandez, A Professional Association

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5942 SW 166 Court  
Miami, FL 33193

Mailing address, if different is:

P.O. Box 961090  
Miami, FL 33296-1090

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation's sole purpose as herein stated shall be to engage in the practice of law, including all services lawfully incident thereto, and carried out by its Board of Directors in a manner that will enable the Corporation to comply with the Florida Statutes.

**ARTICLE IV SHARES**

The number of shares of stock is: One Hundred Shares of Common Stock.

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

Name and Title:	Julissa Rodriguez Hernandez, Esq. President	Name and Title:	
Address:	P.O. Box 961090	Address:	
	Miami, FL 33296-1090		

Name and Title:		Name and Title:	
Address:		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: Lissette Garcia  
Address: 2525 Ponce de Leon Blvd. - 9th Floor  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julissa Rodriguez Hernandez, Esq.  
Address: P.O. Box 961090  
Miami, FL 33296-1090

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

  
Required Signature/Registered Agent

January 3, 2011  
Date

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

January 3, 2011  
Date