

P11000006913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

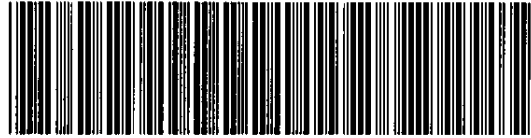
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JAN 18 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 1/19/11

COVER LETTER

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

SUBJECT: ANDREW BRODY, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: **ANDREW BRODY**
Name (Printed or typed)

5979 NW 151ST STREET SUITE 109
Address

MIAMI LAKES, FL 33014
City, State & Zip

954-295-2030
Daytime Telephone number

asbcpa@cpaofmiami.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 ANDREW BRODY, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
5979 NW 151ST STREET SUITE 109
MIAMI LAKES, FL 33014

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
CONDUCT LEGAL SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ANDREW BRODY, PRESIDENT</u>	Name and Title: _____
Address: <u>320 MALLARD ROAD</u>	Address: _____
<u>WESTON, FL 33327</u>	_____
_____	_____
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: ANDREW BRODY
Address: 5979 151ST STREET SUITE 109
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREW BRODY
Address: 5979 151ST STREET SUITE 109
MIAMI LAKES, FL 33014

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

Andrew Brody
Required Signature/Registered Agent

1-11-11
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.

Andrew Brody
Required Signature/Incorporator

1-11-11
Date

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MIAMI ASSOCIATED