

PI1000014217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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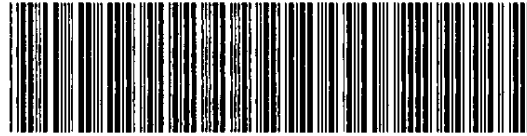
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 8 PM 3:01

APPROVED
AND
FILED

1/6

COVER LETTER

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

SUBJECT: MICHAEL A. ETIENNE, 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

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

FROM: Michael A. Etienne

Name (Printed or typed)

801 North East 167th Street, Suite 302

Address

North Miami Beach, FL 33162

City, State & Zip

(305) 924-8493

Daytime Telephone number

metienne@hotmail.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)

APPROVED
AND
FILED

ARTICLE I NAME MICHAEL A. ETIENNE, P.A.
The name of the corporation shall be:

11 FEB -8 PM 3:01

ARTICLE II PRINCIPAL OFFICE

Principal street address
801 N.E. 167th Street
Suite 302
North Miami Beach, FL 33162

Mailing address SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide legal services and lobbying services to individuals, corporations and/or municipalities.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michael A. Etienne, Esquire/CEO</u>	Name and Title: _____
Address: <u>801 North East 167th Street</u>	Address: _____
<u>Suite 302</u>	_____
<u>North Miami Beach, FL</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: Michael A. Etienne, Esquire
Address: 13655 North East 10th Avenue, Unit 107
North Miami, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael A. Etienne, Esquire
Address: 13655 North East 10th Avenue, Unit 107
North Miami, FL 33161

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

February 1, 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

February 1, 2011
Date