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PI/0000062989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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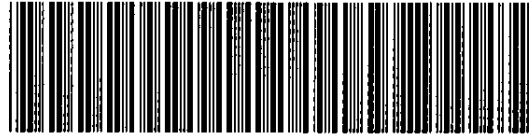
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 11 PM 2:30
SECRETARY OF STATE
WALLINGFORD, CT

FILED

SC
7-13-11

COVER LETTER

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

SUBJECT: The Law Office of Alexis Garcia, 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: Alexis C. Garcia

Name (Printed or typed)

14370 SW 126 Place

Address

Miami, Florida 33186

City, State & Zip

786-838-2910

Daytime Telephone number

alexisc.rodriquez@yahoo.com

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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SECRETARY OF STATE
TALLAHASSEE FL 32314

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: The Law Office of Alexis Garcia, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14370 SW 126 Place
Miami, Florida 33186

Mailing address, if different is:

PO Box 770006
Miami, Florida 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in the practice of law

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President
Address: Alexis C. Garcia
14370 SW 126 Place
Miami, Florida 33186

Name and Title: Treasurer
Address: Alexis C. Garcia
14370 SW 126 Place
Miami, Florida 33186

Name and Title: Vice President
Address: Alexis C. Garcia
14370 SW 126 Place
Miami, Florida 33186

Name and Title: _____
Address: _____

Name and Title: Secretary
Address: Alexis C. Garcia
14370 SW 126 Place
Miami, Florida 33186

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alexis C. Garcia
Address: 14370 SW 126 Place
Miami, Florida 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alexis C. Garcia
Address: 14370 SW 126 Place
Miami, Florida 33186

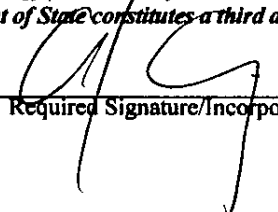
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

6/29/2011

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

6/29/2011

Date

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CLERK OF COURT
CLERK OF COURT
CLERK OF COURT