

P11000088683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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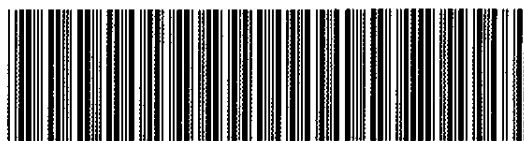
(Business Entity Name)

(Document Number)

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

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OFFICE OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/11/11

## COVER LETTER

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

SUBJECT: Hill & Valverde, 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. Valverde

Name (Printed or typed)

4000 Shumard Oak Blvd

Address

Tallahassee, FL 32311

City, State & Zip

(239)248-8700

Daytime Telephone number

mav08d@my.fsu.edu

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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**

The name of the corporation shall be: **Hill & Valverde, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4000 Shumard Oak Blvd.  
Tallahassee, FL 32311

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Law Firm**

**ARTICLE IV SHARES**

The number of shares of stock is: **2**

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

Name and Title: **Michael A. Valverde, Director**  
Address: **4000 Shumard Oak Blvd.**  
**Tallahassee, FL 32311**

Name and Title: **Rachel L. Hill, Director**  
Address: **8387 Chickasaw Trail**  
**Tallahassee, FL 32312**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: **Michael A. Valverde**  
Address: **4000 Shumard Oak Blvd**  
**Tallahassee, FL 32311**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Michael A. Valverde**  
Address: **4000 Shumard Oak Blvd**  
**Tallahassee, FL 32311**

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

**10/10/11**  
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.

  
Required Signature/Incorporator

**10/10/11**  
Date

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