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(Re	equestor's Name)	
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DEFENITION OF CONTORNION OCT TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

Requester's Name  320   SHAWROON St. S. S. Address  TAUAHUSSE FL 32309  City/State/Zip Phone #	100 102 1-7498	
	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1. LAW OFFICE OF ESCUAPO IN (Corporation Name)	PRACOE PA (Document #)	-
2		_
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	-
4. (Corporation Name)	(Document #)	_
✓ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Stat	us
NEW FILINGS	AMENDMENTS AMENDMENTS	8 7
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director of Change of Registered Agent Dissolution/Withdrawal Merger	E M ⊕ D
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	
	Examiner's Initials	<b>S</b>
CR2E031(7/97)		

## ARTICLES OF INCORPORATION

ARTICLE I: NAME

The name of the corporation shall be: The Law Office of Edward Iturralde, P.A.

ARTICLE II: PRINCIPAL OFFICE

The principal and mailing address is:

3201 Shamrock Street South, Suite 102, Tallahassee, Florida 32309-3349

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is: The practice of law.

ARTICLE IV: SHARES

The number of shares of stock is: 100 par \$1.00 shares

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

Edward Iturralde, sole director and officer

3201 Shamrock Street South, Suite 102, Tallahassee, Florida 32309-3349

ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:

Edward Iturralde

3201 Shamrock Street South, Suite 102, Tallahassee, Florida 32309-3349

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is:

Edward Iturralde

3201 Shamrock Street South, Suite 102, Tallahassee, Florida 32309-3349

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

Registered Agent

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.

Date