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SECRETARY OF STATE TO ALLAHASSEE, FLORIDA TO ALLAHASSEE, FLORIDA

mrs

## **COVER LETTER**

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

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SUBJECT: Law Office of Gue (PROPOSED CORPORA	nsie Grecy, P.A.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy  & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Guensie Grecy Name (Printed or typed)	
4530 SW 68th Court Cir, #4	
Miami, F1 33 City,	State & Zip
<u>561 - 674 - 2</u> Daytime T	2756 Telephone number
guensie@	gmail.com
E-mail address: (to be use	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)

٦,

Article I Name
The name of the corporation shall be: Law Office of Guensie Grecy, P.A. 11 NOY 30 PM 12: 23

Article II Principal Office: 4530 SW 68th Court Cir, #4

Miami, Fl 33155

EFFECTIVE DATE\_\_/

Mailing Address is same as above

Article III Purpose:

The purpose for which the corporation is organized is: Legal Services Provider

Article IV Shares

The number of shares of stock is: 1

Article V Initial Officers and/or Directors

Name and Title: President Guensie Grecy

Address: 4530 SW 68th Court Cir.

#4

Miami, Fl 33155

Article VI Registered Agent

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

Name:

**Guensie Grecy** 

Address: 4530 SW 68th Court Cir

Miami, Fl 33155

Article VII Incorporator

The name and address of the incorporator is:

Name: Guensie Grecv

Address: 4530 SW 68th Court Cir

#4

Miami, Fl 33155

Article VIII Effective Date:

The effective date is: January 2, 2012

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 an accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

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

Date

THE PHIC: 23