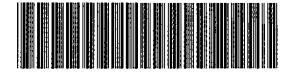
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(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

T. Burch JAN 13 Miles

COVER LETTER

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

Tallahassee, FL 32314	and the month of the same of t
SUBJECT: Law Office of Laura M. (PROPOSED CORPORA	. Cancilla, P.A.
$+\omega o(2)$ copies Enclosed are an original and one (1) copy of the art	icles 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
FROм: <u>Laura M. Cancilla</u>	
4877 NW 72nd Place	e (Printed or typed) Address
Coconut Creek, FL 330 City,	73 State & Zip
561-310-5351 Daytime T	elephone number
lcancilla@hotmail.com	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)

ARTICLE II	PRINCIPAL OFFICE			
40	Principal street address	Mailing a	Mailing address, if different is:	
	4877 NW 72nd Place			
	Coconut Creek, FL 33073			
ARTICLE III	PURPOSE		± 60 →	
	which the corporation is organized is:		产资 ?	
Legal servic			JAN CRET LAHL	
		罗世 圣 四		
		ARY ASSE		
			N 12 PH IN 12 PH ETARY OF WHASSEE, F	
ARTICLE IV	SHARES		5¥ %	
The number of sh	ares of stock is:1		2: 33 STATE FLOPID	
ADMICE D II	THE TALL OF TARREST AND ADDRESS	MO D G	E 177 W	
	INITIAL OFFICERS AND/OR DIRECTION OF THE CONTROL OF			
Address:	4877 NW 72nd Place	Address:		
114410001	Coconut Creek, FL 33073			
		1001		
	Citle:	Name and Title:		
Address:				
	`itle:	Name and Title:		
		Address:		
ADTICI E III		<u></u>		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	a) of the registered agent is:		
Name:	Laura Cancilla			
Address:	4877 NW 72nd Place			
	Coconut Creek, FL 33073			
	THEODROP A MOD			
	INCORPORATOR			
Name:	dress of the Incorporator is: Laura Cancilla			
Address:	4877 NW 72nd Place			
	Coconut Creek, FL 33073			
				
Taving been nan	ned as registered agent to accept service of pro-	ocess for the above stated corpo	ration at the place designated in	
nis cernficate, 1 a	m familiar with and accept the appointment as	registered agent and agree to ac	ct in this capacity	
40	100		1/ /10	
/ <i>}}/</i>	Required Signature/Registered Agent		1/10/12	
U	Required Signature/Registered Agent		Date	
submit this doci	iment and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a	
locument to the D	epartment of State constitutes a third degree for	clony as provided for in s.817.15.	5, F.S.	
h	$\Omega \Omega_{\alpha}$	• •	,	
	ruc_		1/10/12	