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(Business Entity Name)

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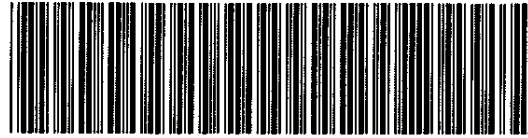
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED R.A. & INCORPORATORS
ADDRESSES TO MATCH; PER
TELEPHONE CONVERSATION
WITH DOVID J. LAZAROVIC.

K 02/02/12

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02/01/12--01021--012 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -1 PM 2:32

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COVER LETTER

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

SUBJECT: Law Office Of David Lazarovic, 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: David Lazarovic

Name (Printed or typed)

17878 N. Bay Rd # 602

Address

Sunny Isles Beach, FL 33160

City, State & Zip

(305) 741-5402

Daytime Telephone number

David@Lazarovic.com

E-mail address: (to be used 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 I NAME

The name of the corporation shall be: Law Office Of David Lazarovic, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
20801 Biscayne Blvd
Suite 403
Aventura, FL 33180

Mailing address, if different is:

Law Office Of David Lazarovic, P.A.
P.O. Box 800454
Miami, FL 33280

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Provide Legal Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David J. Lazarovic, Esq.
Address: 20801 Biscayne Blvd
Suite 403
Aventura, FL 33180

Name and Title: _____
Address: _____

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: David J. Lazarovic, Esq.
Address: 20801 Biscayne Blvd Suite 403
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David J. Lazarovic, Esq.
Address: 20801 Biscayne Blvd Suite 403
Aventura, FL 33180

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

1/28/2012

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

1/28/2012

Date

12 FEB - 1 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA