1200005138

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Kelly A. Rodename
AUTHORIZATION SX PHONE TO
DATE 6/5//2 MIRE
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COVER LETTER

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

SUBJECT: Helly A. Rod	ieras, P.A.
(PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Helly D. P. Name	(Printed or typed)
534 Park F	Ne Suite l
Orange Parl	(F L 32073 State & Zip
(904) 207	elephone number
hell. rods	for future annual report not (scation)

NOTE: Please provide the original and one copy of the articles.

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JUN -1.	۸.	
SECRETARY CALLAHASSEE.	M 3:	16
MASSEE.	FLORI	E La

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME ARTICLE I NAME ARTICLE I NAME
ARTICLE I NAME The name of the corporation shall be: Welly A. Podenos, P.A. TALLAHASSEE. FLORIDA ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE
Principal street address 534 Principal Street address 1177 Mailing address, if different is: 1177 Park Aul 501 te 5 Pm B 134 501 te 5 Pm B 134 501 te 5 Pm B 134
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:	4
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS 2 A OM
Name and Title: New H. Ko	Name and Title:
Address:	Address:
A COUNT DOC	W Cl 2 2027
O total Assistance	41-60013
Name and Title:	Name and Title: Address:
Address:	Address.
······	
	Name and Title:
Address:	Address:
Address: 539 Paris	17ve/3tel WK/FL 32073
ARTICLE VII INCORPORATOR	'
The <u>name and address</u> of the Incorporator is:	ndunca
Address: 50 Page	Courste
Orano Par	161 12 32023
-,, , ,	ervice of process for the above stated corporation at the place designated i
this certificate, I am familiar with and accept the app	pointment as registered agent and agree to act in this capacity
Required Signature/Regist	tered Agent
)	
Tankandalah dan merupakan dan dirikat di Karana	
I submit this document and affirm that the facts standard document to the Department of State constitutes a thi	tated herein are true. I am aware that the false information submitted in ird degree felony as provided for in s.817.155. F.S.
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi	tated herein are true. I am aware that the false information submitted in ird degree felony as provided for in s.817.155, F.S.
I submit this document and affirm that the facts state document to the Department of State constitutes a think Required Signature/Incompared to the facts of the	ird degree felony as provided for in s.817.155, F.S.