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SECRETARY OF SHATE

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COVER LETTER

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

SUBJECT: <u>Amanda</u> Velo	120UCZ, P.A. TE NAME-MUST INCLUDE SUFFIX)
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles 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: Amanda Velo	できないとと (Printed or typed)
14974 S.W. 4	11st Lane.
Α	ddress
Miami, FL. 3	83185 State & Zip
305 - 766 - 267. Daytime Te	6. elephone number
	rez 70 gmail. 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)

Name: Address: 14974		C E			
TICLE II PURPOSE This corporation is organized is: This corporation is organized to engage in the ractice of law as a professional law corporation at the practice of law as a professional law corporation at the practice of law as a professional law corporation at the practice of law as a professional law corporation at the practice of law as a professional law corporation at the practice of law as a professional law corporation at the place designated in certificate. INTILLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ananda. Velaques Address: INTILLE VI INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: INTILLE Address: Address: Name and Title: Address: Address: Name and Title: Address: Address: INTILLE VI REGISTERED AGENT name and Florida street address (? O. Box NOT acceptable) of the registered agent is: Name: Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Velaques Address: INTILLE VI INCORPORATOR name and address of the Incorporator is: Name: Ananda Address of the Incorporator is:	Principal <u>street</u> a 14974 S.W. Miami, FL	ddress . 4/st <u>Ln</u> . . 33185	Mailing a	ddress, if different is:	_
TICLE VI REGISTERED AGENT name and Title: Address: Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Address: Address: TICLE VI REGISTERED AGENT name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Iname: Iname: Address: Iname: Iname: Address: Iname: Iname: Address: Iname: Iname:	nurpose for which the corporation is	organized is: as a profess	l to enga	age in the workation	- م
Name and Title: Arranda Velatoue Resume and Title: Address: Wild House Stated Corporation at the place designated in certificate, I arrandia vith and accept the appointment as registered agent and agree to act in this capacity Name and Title: Name and Title: Address: Addr	TICLE IV SHARES		אך פר דון	e practice of	a
Name and Title: Name and Title: Address: Address: Address: Address: TICLE VI REGISTERED AGENT name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Addres	TICLE V INITIAL OFFICER	S AND/OR DIRECTORS			
Name and Title: Address: A	Name and Title: Amanda Address: 4974 5 U	. Velátouez Pressu D. 4/5+7/2008 Ad	me and Title: dress:		_
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Hypania Velazane. Miami, Fl. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Address: Name: Address: Name: Address: I4974 S.W. 4/st Lane. Williami, Fl. 33185 Address: I4974 S.W. 4/st Lane. In and a ccept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent bmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a		<u> 33/03</u>			- - :
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Name: Address: Name: Miami, Fl. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Address: Addres	Name and Title:	Nas	ne and Title		eq.
Name and Title: Address: Address: Address: Address: Address: Address: Name: Address: Ad					_
Address: Addres				<i>5</i> € 2	_
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Address: Address: TICLE VI REGISTERED AGENT name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: I 1974 S.W. 41st Lane. Miami, FL. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Address: I 1974 S.W. 41st Lane. Miami, FL. 33185 Ting been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent bmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	Name and Title:	Nai	ne and Title:	* 1 **	_
TICLE VI REGISTERED AGENT name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Andress: 14774 S.W. 413t Lane. Miami, FL. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Andress: 14774 S.W. 41st Lane. Miami, FL. 33185. ing been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent bmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	A J.J	Ad	dress:	**	_
name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Arganda Velatqueb Address: 14974 S.W. 41st Lane. Miami, FL. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Arganda Velatquet Address: 14974 S.W. 41st Lane. Miami, FL. 33185. ing been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I application with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent bmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a					-
name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 14974 S.W. 4134 Lane. Miami, FL. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Address: 14974 S.W. 4134 Lane. Address: 14974 S.W. 4134 Lane. Will arri, PL. 33185. Pring been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I arr familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent bmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a			***************************************	A. B. C. S. S. C.	_
Name: Address: 14974 S.W. 4/34 Lane. Miami, Fl. 33185 TICLE VII INCORPORATOR name and address of the Incorporator is: Name: Amanda. Velazquez Address: 14974 S.W. 4/34 Lane. Plane. Miami, Fl. 33185. Ping been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I apriamiliar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date Address: 14974 S.W. 4/34 Lane. Plane designated in certificate, I apriamiliar with and accept the appointment as registered agent and agree to act in this capacity Date Address: 14974 S.W. 4/34 Lane. Diagraphic Miamit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a			raictered agent is:		
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Address: 14974 S.W. 4/st Lage. Miami, F1. 33185. In the place designated in certificate, I am jamiliar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Abmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a		· is:			
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ibmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	ving been named as registered agent t	o accept service of process for t			in
Refused Signature/Registered Agent abmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a summent to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	? Velesques			July 23, 20	12
	Refluired Signa	ture/Registered Agent		// // Date	
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