

P12000069240

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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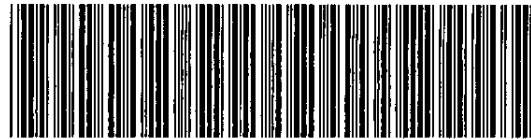
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
8/13/12

W12-39881

COVER LETTER

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

SUBJECT: J.P & Associates of Miami, 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: Jorge Pena

Name (Printed or typed)

14955 SW 48 Terrace Apt. G

Address

Miami, FL 33185

City, State & Zip

786-223-9441

Daytime Telephone number

JorgePena@ipassociatespa.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 AUG 10 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 30, 2012

JORGE PENA
14955 SW 48 TERRACE
APT. G
MIAMI, FL 33185

SUBJECT: J.P. & ASSOCIATES, P.A.
Ref. Number: W12000039881

We have received your document for J.P. & ASSOCIATES, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 112A00019844

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
12 AUG 10 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: J.P. & Associates of Miami, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14955 SW 48 Terrace Apt. G
Miami, Fl
33185

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful accounting business permitted by the corporation by the laws of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge E. Pena
Address: President
14955 SW 48 Terrace Apt. G
Miami, Fl 33185

Name and Title: _____
Address: _____

Name and Title: Lupe M. Pena
Address: Vice-President
14955 SW 48 Terrace Apt. G
Miami, Fl 33185

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:

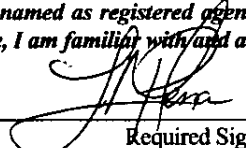
Name: Lupe M. Pena
Address: 14955 SW 48 Terrace Apt. G
Miami, Fl 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge E. Pena
Address: 14955 SW 48 Terrace Apt. G
Miami, Fl 33185

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

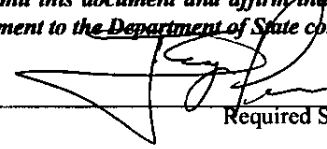


Required Signature/Registered Agent

08/06/2012

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

08/06/2012

Date