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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

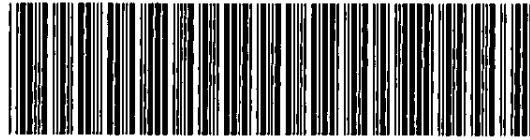
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-11-12
6

COVER LETTER

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

SUBJECT: WILLIAM PAVLOV & ASSOCIATES, PA
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: WILLIAM M. PAVLOV, ESQ.
Name (Printed or typed)

1400 NE Miami Gardens Dr., Suite 219
Address

N. Miami Beach, Florida 33179
City, State & Zip

(305) 944-7779
Daytime Telephone number

williamp954@yahoo.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 WILLIAM PAVLOV & ASSOCIATES, PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1400 NE Miami Gardens Dr.
Suite 219
N. Miami Beach, Florida 33179

Mailing address, if different is:

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide legal, professional services at a reasonable cost.

ARTICLE IV SHARES
The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William M. Pavlov, President Name and Title: _____
Address: 1400 NE Miami Gardens Dr. Address: _____
Suite 219
N. Miami Beach, Florida 33179

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William M. Pavlov, Esq.
Address: 1400 NE Miami Gardens Dr. # 219
N. Miami Beach, Florida 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William M. Pavlov, Esq.
Address: 1400 NE Miami Gardens Dr. # 219
N. Miami Beach, Florida 33179

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

[Signature] Required Signature/Registered Agent 09/10/2012 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 crime as provided for in s.817.155, F.S.

[Signature] Required Signature/Incorporator 09/10/2012 Date