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TALLAHASSEE, FLORIDA

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T. Burch OCT 12 2012

COVER LETTER

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

SUBJECT: Law office of Ilaria Cacopardo Valenzuela, 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: Ilaria Cacopardo Valenzuela

Name (Printed or typed)

137 Harbor Drive

Address

Key Biscayne Florida 33149

City, State & Zip

305 7247003

Daytime Telephone number

wilvaldoc@aol.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

September 21, 2012

LLARIA CACOPARDO VALENZUELA
137 HARBOR DRIVE
KEY BISCAYNE, FL 33149

SUBJECT: LAW OFFICE OF LLARIA CACOPARDO VALENZUELA, P.A.
Ref. Number: W12000048725

RECEIVED
12 OCT - 1 PM 1:18
DIVISION OF CORPORATIONS

We have received your document for LAW OFFICE OF LLARIA CACOPARDO VALENZUELA, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 812A00023698

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 ILARIA CACOPARDO VALENZUELA, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
137 Harbor drive
Key Biscayne, FL 33149

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of law

ARTICLE IV SHARES

The number of shares of stock is: **3**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| 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:

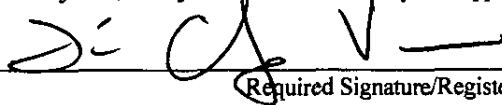
Name: Ilaria Cacopardo Valenzuela
Address: 137 Harbor Drive
Key Biscayne, Florida 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

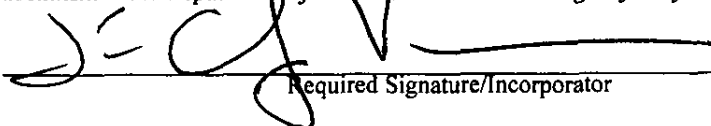
Name: Ilaria Cacopardo Valenzuela
Address: 137 Harbor drive
Key Biscayne Florida 33149

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

09/18/2012
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

09/18/2012
Date

FILED
12 OCT -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA