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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -8 AM 11:13

J 10/9/12

COVER LETTER

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

SUBJECT: Michael Anthony Noa, 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

<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: Michael Anthony Noa
Name (Printed or typed)

P.O. Box 941958
Address

Miami, FL 33194
City, State & Zip

(305) 559-9620
Daytime Telephone number

e-service@noalawfirm.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME Michael Anthony Noa, P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

14850 SW 26 Street, Suite 208
Miami, FL 33185

Mailing address, if different is:

P.O. Box 941958
Miami, FL 33194

12 OCT -8 AM 11:14

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Law practice

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Anthony Noa, President Name and Title: _____
Address: P.O. Box 941958 Address: _____
Miami, FL 33194

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:

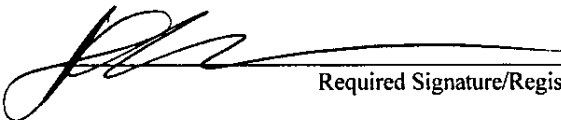
Name: Michael Anthony Noa
Address: 14850 SW 26 Street, Suite 208
Miami, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

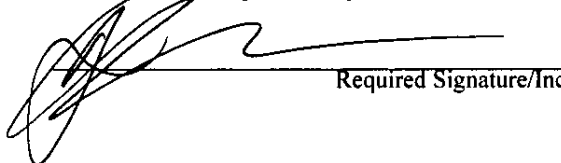
Name: Michael Anthony Noa
Address: P.O. Box 941958
Miami, FL 33194

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

10/3/12
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

10/3/12
Date