

P13000002950

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

57710

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000058073)))



H130000058073ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION IVONNE ROSA BLARY, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
13 JAN -8 PM 1:17

RECEIVED
13 JAN -8 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 1/9/13

413000005807
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

13 JAN -8 PM 1:17

ARTICLE I NAME

The name of the corporation shall be: Ivonne Rosa Blary, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

122 Minorca Avenue

Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: law office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ivonne Rosa Blary, President

Address: 122 Minorca Avenue

Coral Gables, FL 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

413000005807

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
(cont.)

13 JAN -8 PM 1:17

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: Ivonne Rosa Blary
Address: 122 Minorca Avenue
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ivonne Rosa Blary
Address: 122 Minorca Avenue
Coral Gables, FL 33134

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

Ivonne Rosa Blary
Required Signature/Registered Agent

1/8/13
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.

Ivonne Rosa Blary
Required Signature/Incorporator

1/8/13
Date

H 13000005807