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COVER LETTER

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

SUBJECT: Ber	UBJECT: Bernal-Dixon Law, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		

ОМ∙	Lourdes Bernal-Dixon, Esquire		
OIVI.	Name (Printed or typed)		
	6934 Cohasset Circle		
-	Address		
	Riverview, Florida 33578		
-	City, State & Zip		
	813-399-1919		
-	Daytime Telephone number		
_	lourdesbernal@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 NA. The name of the corpor	ME Bernal-Dixon Law,	•	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
	INCIPAL OFFICE Principal street address		13 FEB -4 PM 1: 24 idress, if different is:
6934 Cohass	et Circle	P.O. Box 66	670
Riverview, FL	_ 33578	Brandon, F	L 33508-6011
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:	n of legal servic	es as a law firm.
ARTICLE IV SH The number of shares o	f stock is: TOO TIAL OFFICERS AND/OR DIRECTORS	5	
Name and Tit		Name and Title:	
Address	6934 Cohasset Circle	Address:	
	Riverview, FL 33578		
Name and Title	<u> </u>	Name and Title:	,
Address		Address:	
Name and Title	3* *	Name and Title:	
Address		Address:	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and Title:		_ Name and Title:_	13 FEB -4 PM 1: 24	
Address		_ Address:		
	· · · · · · · · · · · · · · · · · · ·			
		-		
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) o	f the registered ager	nt is:	
Name:	Lourdes Bernal-Dixon	_		
Address:	6934 Cohasset Circle	_		
	Riverview, FL 33578	<u></u>		
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Lourdes Bernal-Dixon	_		
Address:	6934 Cohasset Circle			
	Riverview, FL 33578	_		
this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as ref			
	Required Signature/Registered Agent		Date	
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware i	that the false information submitted in a	
uocument to the I	Department of State constitutes a third degree felon	ıy as proviaea Jor u	1 S.61 /.133, F.S.	
	rder Stralks		1/31/2013	
	Required Signature/Incorporator		Date	