

P13000025589

(Requestor's Name)

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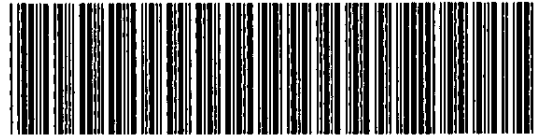
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 13 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL

W13-12449

FILED MAR 19 2013

COVER LETTER

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

SUBJECT: The Law Offices of Andrew Jimenez, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Andrew L. Jimenez
Name (Printed or typed)

PO Box 4829
Address

Fort Lauderdale, FL 33338
City, State & Zip

850-766-0680
Daytime Telephone number

andrewlouisjimenez@gmail.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

RECEIVED
2013 MAR 18 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 1, 2013

ANDREW L. JIMENEZ
PO BOX 4829
FORT LAUDERDALE, FL 33338

SUBJECT: THE LAW OFFICES OF ANDREW JIMENEZ, P.A.
Ref. Number: W13000012449

We have received your document for THE LAW OFFICES OF ANDREW JIMENEZ, 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):

The specific business purpose of the professional association must be stated in the document.

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: 313A00004985

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: The Law Offices of Andrew Jimenez, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

One Financial Plaza

100 SE 3rd Ave, Suite 1514

Fort Lauderdale, FL 33394

Mailing address, if different is:

PO Box 4829

Fort Lauderdale, FL 33338

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide legal services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Jimenez, Director

Name and Title: _____

Address PO Box 4829

Address: _____

Fort Lauderdale, FL 33338

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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13 MAR 18 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Andrew L Jimenez
Address: 3000 Granada St, Apt 6
Fort Lauderdale, FL 33304

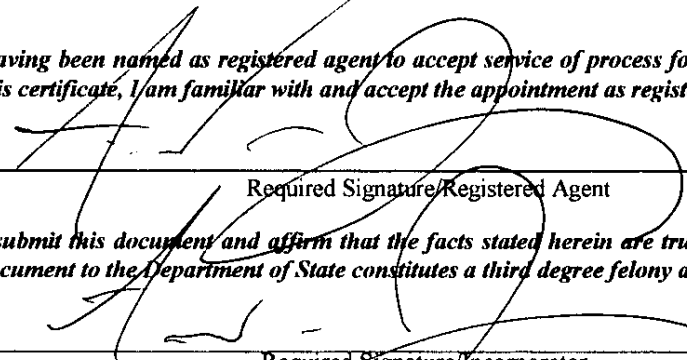
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13 MAR 18 PM 6:05
TALLAHASSEE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Andrew L Jimenez
Address: PO Box 4829
Fort Lauderdale, FL 33338

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

2/25/2013

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

2/25/2013

Date