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PICK-UP	WAIT .	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to Fi	ling Officer:		

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ECRETARY OF STATE

W13-56672

COVER LETTER

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

SUBJECT: Juc	le M. Faccidom	10, P.A.	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: J	ude M. Faccido	omo	
	Nam	e (Printed or typed)	
3	411 SW 21st S		
N	liami, Fl. 33134	Address	

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

City, State & Zip

Daytime Telephone number

jude@rflawgroup.com
E-mail address: (to be used for future annual report notification)

(305) 374-5730



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2013

JUDE M. FACCIDOMO 3411 SW 21ST ST MIAMI, FL 33134

SUBJECT: JUDE M. FACCIDOMO, P.A.

Ref. Number: W13000056672



We have received your document for JUDE M. FACCIDOMO, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 613A00023875

District of Compositions DO DOV 6297 Tollahosson Florida 29214

Jude M. Faccidomo, Esq.

3411 SW 21st Street Miami, Florida 33145 (305) 725-7598 jude@rflawgroup.com

October 22, 2013

Ms. Jessica Fason Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Corrected Articles of Incorporation

Dear Ms. Fason:

Please find attached the amended or proper articles of incorporation reflecting the correct number of shares in Jude M. Faccidomo, P.A. I apologize for the inconvenience and trust that this will correct the error. Should you require anything additional please do not hesitate to contact me.

Sincerely,

le M. Faccidomo, Esquire

Encls.

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

	INCIPAL OFFICE Principal street address	Maili	ing address, if different is:
50 Brickell	Avenue		
ite 2600			
ami, Florid	a 33131		
ICLE III PUT ourpose for which	the corporation is organized is: Profes	ssional Legal S	Services
ICLE IV SH	ARES .1		
	TIAL OFFICERS AND/OR DIRECTO	DRS	
TICLE V IN	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr	DRS ier Name and Title:	
ICLE V IN	Jude M. Faccidomo, Esquire/Managing Partre: 1450 Brickell Avenue	DRS	Dro -
TICLE V IN	Jude M. Faccidomo, Esquire/Managing Partrette: 1450 Brickell Avenue Suite 2600	DRS ier Name and Title:	
TICLE V IN	Jude M. Faccidomo, Esquire/Managing Partre: 1450 Brickell Avenue	DRS ier Name and Title:	13 OCT 2 SECRETA
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr 1450 Brickell Avenue Suite 2600 Miami, Florida 33131	DRS THE Name and Title: Address:	13 OCT 25 SECRETARY TALLAHASSE
Name and Tit Address Name and Title	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr 1450 Brickell Avenue Suite 2600 Miami, Florida 33131	DRS ier Name and Title: Address: Name and Title:	13 OCT 25 PH SECRETARY OF TALLAHASSEE F
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr 1450 Brickell Avenue Suite 2600 Miami, Florida 33131	DRS ier Name and Title: Address: Name and Title:	13 OCT 25 PH SECRETARY OF TALLAHASSEE F
Name and Tit Address Name and Title	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr 1450 Brickell Avenue Suite 2600 Miami, Florida 33131	DRS DRS DRS Name and Title: Name and Title: Address: Address:	13 OCT 25 PM 2:27 SECRETARY OF STATE TALLAHASSEE FLORIDA
Name and Tit Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr 1450 Brickell Avenue Suite 2600 Miami, Florida 33131	DRS ner Name and Title: Address: Name and Title: Address:	13 OCT 25 PH 2:27 SECRETARY OF STATE TALLAHASSEE FLORIDA
Name and Tit Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO Jude M. Faccidomo, Esquire/Managing Partr 1450 Brickell Avenue Suite 2600 Miami, Florida 33131	DRS DRS DRS DRS DRS DRS DRS DRS	13 OCT 25 PH 2:27 SECRETARY OF STATE TALLAHASSEE FLORIDA

Name and	Title:	Name and Title:			
Address		Address:			
		-			
ARTICLE VI	REGISTERED AGENT				
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Jude M. Faccidomo, Esquire				
Address:	1450 Brickell Avenue				
	Miami, Florida 33131				
ARTICLE VII	INCORPORATOR				
The name and add	Iress of the Incorporator is:				
Name:	Jude M. Faccidomo, Esquire				
Address:	1450 Brickell Avenue				
	Miami, Florida 33131	ਰ.			
		7 T. L. S. E.C. 139 C			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Language the analysis capacity is applicated as the company of the place of the application of the company of the co					
1		SSE VIZ			
- Why	Required Signature/Registered Agent	=			
I submit this docu	, , , , , , , , , , , , , , , , , , , ,	true. I am aware that the falle information submitted in a			
document to the to	epartment of State constitutes a third degree felony	y as provided for in s.817.15 🚓 🔾 🔠			
A T		10/22/13			
7	Required Signature/Incorporator	Date			
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1					