

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

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****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

IRIS G. HERNANDEZ, P.A.

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

70445

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Iris G. Hernandez, 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

☒ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Iris G. Hernandez

Name (Printed or typed)

1800 Coral Way # 67

Address

Miami, FL 33145

City, State & Zip

305.906.7115

Daytime Telephone number

IrisGHernandez@iCloud.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)

ARTICLE I NAME
The name of the corporation shall be: Iris G. Hernandez, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1800 Coral Way # 67

Miami, Fl 33145

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to render professional legal services

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Iris G. Hernandez

Address: 1800 Coral Way #67
Miami, Fl 33145

Name and Title: Dr/Pres/Secy/Treas

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

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: Iris G. Hernandez
Address: 8420 SW 44 Street
Miami, Fl 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Iris G. Hernandez
Address: 8420 SW 44 Street
Miami, Fl 33155

14 FEB 11 AM 11:54
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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

Iris Hernandez
Required Signature/Registered Agent

Feb. 11, 2014
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.817.135, F.S.

Iris Hernandez
Required Signature/Incorporator

Feb. 11, 2014
Date

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