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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

Tananassee, FL 323	014		
SUBJECT: AND	OREW D. HODE	S, P.A. ATE NAME – <u>MUST INCL</u>	UDE 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: A	ndrew D. Hodes	e (Printed or typed)	
20	00 S. Andrews A		
		Address	
Fo	ort Lauderdale, F	-L 33301	

954-646-3116

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

Daytime Telephone number

ahodes21@gmail.com

E-mail address: (to be used for future annual report notification)

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

The name of the corporat	tion shall be: ANDREW D. HOD	ES, P.A.	7-8-8-4	
ARTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
200 S. Andrew	vs Avenue		_	
Suite 901				····
Fort Lauderda	le, FL 33301			•
LAW AS A PR	ROFESSIONAL CORPORA	SAGE IN T	THE PRACTICE OF ID/OR ANY OTHER	
LAWFUL PUF	RPOSE			
	· · · · · · · · · · · · · · · · · · ·			
 		<u>-</u>		
ARTICLE IV SHA	RES		•	
The number of shares of	stock is:	<u>.</u>	· •	Y
	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	7	JIVIS SEVICE
Name and Title	Andrew D. Hodes, P.	Name and Title:	MAR	
Address	200 S. Andrews Avenue	Address:	9	TARY COY
	Suite 901	•		S 555
	Fort Lauderdale, FL 33301	,,	24	COLINA TIME
Name and Title:		Nome and Title		TO .
Address		Address:		
		•		
		•		
Name and Title:		Name and Title:		
Address		Address:		

Addres		Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of t	he registered agent is:
Name:	Andrew D. Hodes	ne registered agent is.
Address:	200 S. Andrews Ave., Ste 901	
	Fort Lauderdale, FL 33301	<u>.</u> <u></u>
ARTICLE VII	INCORPORATOR	A MAR 1
The <u>name and a</u>	address of the Incorporator is:	7 - P
Name:	Andrew D. Hodes	REPORT OF A PARTY OF A
Address:	200 S. Andrews Ave., Ste 901	F: 21
	Fort Lauderdale, FL 33301	* ₩
	med as registered agent to accept service of process f am familiar with and accept the appointment as regis	for the above stated corporation at the place designated in stered agent and agree to act in this capacity 03/17/2014
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
and	m Hodon	03/17/2014
,,,,,	Required Signature/Incorporator	Date

Name and Title:________Name and Title:______