## PH0000 38508

(Requestor's Name)				
(Ad	idress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		İ		

Office Use Only



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SECRETARY OF STATE
STATE OF STATE

ASC 5/2ar

## **COVER LETTER**

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

SUBJECT:	Alfonso A. H.	ernandez P.A. ATENAME-MUSTINCLI	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		Sheldon Rd Address	
<del></del> -	Ton City	, State & Zip	
	<b>27.3</b> . <i>E</i> Daytime	550. 7979 Telephone number	
	in \$0@ A1. E-mail address: (to be us	FonsoHernondez.C ed 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)

RTICLE I	NAME ///	12 12 12 12 12 12 12 12 12 12 12 12 12 1
he name of the	corporation shall be:	so A. Hernandez P.A.
RTICLE II	PRINCIPAL OFFICE	Mailing address if different in
	Principal street address	Mailing address, if different is:
	5 Sheldon Rd	<u>243 11965 Sheldon ƙ</u>
Tom	pa, FL 33626	Tompo, FL 33626
	PURPOSE which the corporation is organized is:	To provide sead estate services to
Consumer	5	
		74
	<del></del>	The state of the s
		સ્ટું કે
		ే * ** 
	·	MH : 2
		26
	•	Name and Title:
Addres		Address:
	11965 Sheldon	
	Tonga, FL 3362	<u> </u>
Name a	nd Title:	Name and Title:
Addres		
Addres		Address.
	<del></del>	
	<u> </u>	
Name a	nd Title:	Name and Title:
Addres	os	Address:

Name ar	nd Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT  Norida street address (P.O. Box NOT acceptable) of  Alfonso A. Hernondez  11965 Sheldon Rd	_
ARTICLE VII	Tampa, FC 33626	
The name and a	ddress of the Incorporator is:	
Name:	Altonso A. Hernondez	<u>z</u>
Address:	Alfonso A. Hernondez 11965 Sheidon Rd	_
	Tompa, FL 33626	
Having been nathis certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated is gistered agent and agree to act in this capacity
		<u>4/28/14</u>
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	e true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.
	Required Signature/Incorporator	4/2 <b>5</b> /14
	Togated Digitation Interporator	- 200