05/20/2022 05:42

P14000058678

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000164291 3)))

H14000164291 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
14 JUL -9 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
LAW OFFICE OF ANGELIQUE SERRA, PA.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

FILED
14 JUL -9 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/10/14

H14000164291

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 Office of Angelique Serra, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
Kendallwood Office Park Three
12150 SW 128th Ct; Suite 209
Miami, FL 33186

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
practice of law

FILED
14 JUL -9 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angelique Serra/President
Address Kendallwood Office Park Three
12150 SW 128th Ct; Suite 209
Miami, FL 33186

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

H14000164291

H14000164291
(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: Angelique Serra

Address: Kendallwood Office Park Three
12150 SW 128th Court, Suite 209
Miami, FL 33186

FILED
14 JUL -9 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angelique Serra

Address: Kendallwood Office Park Three
12150 SW 128th ct; Suite 209
Miami, FL 33186

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

_____ 7/8/14
Required Signature/Registered Agent 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.

_____ 7/8/14
Required Signature/Incorporator Date