P14000062319

(Davidada Nama)	
(Requestor's Name)	
(Address)	
·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
WH-41665	
44 1160	





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07/03/14--01010--005 **78.7

14 JUL 23 PM 3: 46 SECRETARY OF STATE VALLAHASSEF ELORIDA



1/1

COVER LETTER

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

nclosed are an orig	rinal 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	

OM: _	Name (Printed or typed)
	Name (Printed or typed)
	2221 Riverside Drive
	Address
	PALM CITY, FL 34990 City, State & Zip
-	City, State & Zip
_	772 370 0945
	Daytime Telephone number
	Kennedy @ VSAdvogados.com E-mail address: (to be used for future answal report notification)
	E-mail address: (to be used for future armual report notification)

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



July 7, 2014

JOHN T. KENNEDY 2221 RIVERSIDE DRIVE PALM CITY, FL 34990

SUBJECT: U.S. ADVOGADOS P.A. Ref. Number: W14000041665

We have received your document for U.S. ADVOGADOS 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 specific business purpose of the professional association must be stated in the document.

Please remove "any and all lawful business".

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 814A00014550





ARTICLE I	NAME	C 41.122	، مصاله	
The name of the co	orporation shall be:	- 12000d	Ados P. A. 11	-JUL 23 PM 3: 47
ARTICLE II	PRINCIPAL OFFICE Principal street addr		Mailing addh	ECTEMPATALE STATE
2221	RIVERSIDE	DRIVE		
	CITY FL 34			
ARTICLE III	PURPOSE	Lea	AL Services -	PACTICE
OF LAW	which the corporation is org	anized is:	Port posses At	8 20
		<u> </u>		
The number of sha	SHARES ares of stock is: /0,	000		
	/			
ARTICLE V	INITIAL OFFICERS	AND/OR DIRECTOR	s _ and Seci	uthan
Name at	d Title: Ta ha Ti K	Guard Pace	Name and Title: Address:	
(Vallic at	222 C.		Ivano and Title.	
Address			Address:	
	Poly GT	4, FC 34990		
				
Name an	d Title:		Name and Title:	
Address			Address:	
			· · · · · · · · · · · · · · · · · · ·	
	\			
Name an	d Title:		Name and Title:	
Address			Address:	
				



Name and Ti	tle:	Name and Title:	14 JUL 23 PM 3: 47
Address		Address:	SECRETARY OF STATE TAILANASSEE, ELODIDA
	EGISTERED AGENT	notable) of the region of grant in	
	la street address (P.O. Box NOT acce		CALAGAS.
Name:	REGINALU SIN SIN K	Tom T. K	047047
Address:	2221 Riverside	Deire.	
_	Pam GTy PL 34	190	
ARTICLE VII I	VCORPORATOR		
The name and addre	ess of the Incorporator is: 16 W	T. KENNEDY	
Name:	U.S. Advognos	/ 4	
Address:	1221 Riverside	DRIVE.	
	PAUL CITY, FL	34990	
	as registered agent to accept service of familiar with and accept the appointment		
	Required Signature/Registered A	gent	June 28 2014
I submit this docum document to the Dep	ent and affirm that the facts stated he artment of State constitutes a third deg	erein are true. I am aware that gree felony as provided for in s.8	the false information submitted in a 17.155, F.S.
	Required Signature/Incorporat	or	Juc 28, 2014