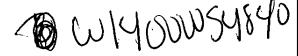
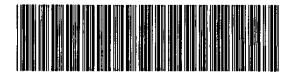
## P14000018193

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>→</b> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only





100263678791

09/04/14--01018--011 \*\*78.75

爾 SEP 22 PM 2: 2u



September 9, 2014

AARON W. SAOUD 5705 BERNIE STREET TAMPA, FL 33611

SUBJECT: SAOUD LAW AND ASSOCIATES, P.A.

Ref. Number: W14000054840

We have received your document for SAOUD LAW AND ASSOCIATES, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 614A00019166

## **COVER LETTER**

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

SUBJECT:	OOUD LAW PROPOSED CORP	and	ASSOC	rayes , p
•	(PROPOSED CORP	ORATE NAME	- MUST INCL	UDE SUFFIX)
				,
Enclosed are an orig	inal and one (1) copy of th	e articles of inc	corporation and	d a check for:
C) #70.00	\$78.75	□ \$7	0 75	\$87.50
\$70.00	— • • • • • •	ll l		
Filing Fee	Filing Fee	Filing		Filing Fee,
•	& Certificate of Status	& Ce	rtified Copy	Certified Copy
		j		& Certificate of
•		l.		Status
		ADD	ITIONAL CO	PY REQUIRED
		<del></del>	,	
			•	
,	1	$C_{-}$	_/	
FROM:	Paron W.	3600	<u> </u>	<del></del>
	1	Name (Printed o	r typea)	
ن	705 Bernie	o stree	1	
		Address		
	<i></i> ,	22/	11	
	Tampa, 1-L	336 City, State & Zi		
		City, State & Zi	p	
	586 59	9 650	) [	·
	Dayti	me Telephone r	umber	
	Aaron W.Sao.	day	lahoo.	com
	F-mail address (to b	e used 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)

	ation shall be: \( \square\)		u avo	Associates,	P. A.		
	INCIPAL OFFICE Principal street add	dress		Mailing address, if d		٠	
	, FL 33						
CLE III PUI	RPOSE the corporation is or	rganized is:	He prac	tice of la	w.		
		<del> </del>					
CLE IV SH							
mber of shares o			<u>CTORS</u>				
mber of shares o	f stock is:		7	Title: P.D.S. T	•		
mber of shares o	f stock is: 100  TIAL OFFICERS  Le: A A 100	AND/OR DIREC	Name and	Title: P.D.S. T			
mber of shares of the view of	f stock is: <u>  0 0</u> TIAL OFFICERS  Le: A a 10 1	AND/OR DIREC	Name and Address:	Title: P.D.S. T	•		
mber of shares of the control of the	f stock is: 100  TIAL OFFICERS  E: A aron  5705  7000	Resole st	Name and Address:		•		<b>G</b> ( <b>V</b> )
Mame and Tit  Address	f stock is: 100  TIAL OFFICERS  E: A aron  5705  7005	Resole st	Name and Address:  //  Name and		•	解SEP 22	Ū
Name and Tite  Name and Tite	f stock is: 100  TIAL OFFICERS  E: A aron  5705  7005	Resole St	Name and Address:  //  Name and			SEP 22 PM	CIATOLOGIA OF COMMISSION OF CO
Name and Title Address	f stock is: 100  TIAL OFFICERS  E: A aron  5705  Tomps,	Resolve St	Name and Address:  Name and Address:	Title:		SEP 22	Ū

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	'accentable) of the registered agent is:	
Name: <u>Aaron W. Scove</u> Address: <u>5705 Bernie</u> Tompa FL 336	5/1/ SER 5/15/2	12.12
ARTICLE VII INCORPORATOR	22 ·	
The name and address of the Incorporator is:  Name: Acon W. Sa  Address: 5705 Bern?	PH 2: 25	THE STATE OF THE S
Address: 5/05 Bern/ Tango FL 33	61/	••
	vice of process for the above stated corporation at the place designated in interest as registered agent and agree to act in this capacity	
Required Signature/Registere	red Agent	
	ed herein are true. I am aware that the false information submitted in a	
Required Signature/Incorp	porator Date	