

PH000080489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

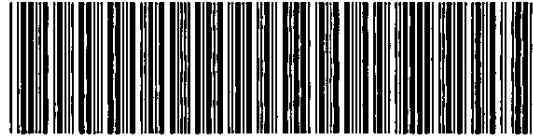
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP 29 AM 9:52
HALL COUNTY CLERK
HALL COUNTY FLORIDA

1114-55872

MD 10/1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2014

GUY K, NOG
3251 ELIZABETH STREET
MIAMI, FL 33133

SUBJECT: GUY K, NOG, P.A.
Ref. Number: W14000055872

We have received your document for GUY K, NOG, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted forms for a "Non-Profit" corporation, but your corporate name is for a "P.A." (Professional Association). P.A.'s can not be processed as a non-profit entity. Please review and submit the correct forms.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 714A00019607

COVER LETTER

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

SUBJECT: Guy K. NOA, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: Guy K. NOA
Name (Printed or typed)

2525 Ponce De Leon Boulevard Suite 1150
Address

Coral Gables, FL 33134
City, State & Zip

(808) 398 5066
Daytime Telephone number

gnoa33@gmail.com
E-mail address: (to be 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)

ARTICLE I NAME

The name of the corporation shall be: GUY K. NOA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

2525 Ponce De Leon Blvd Suite 1150

Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation providing legal services
of Guy K. Noa, Attorney at law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: Guy K. Noa

Address: 2525 Ponce De Leon Blvd Ste 1150
Coral Gables, FL 33134

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JANUARY 1ST STATE
ALL EMBASSY FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guy K. Noa

Address: 3251 Elizabeth Street
Miami, FL 33133

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

Guy K. Noa
Required Signature/Registered Agent

9/23/14
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.

Guy K. Noa
Required Signature/Incorporator

9/23/14
Date