## 0000 23663

(Requestor's Name)			
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(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
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Office Use Only

W15-10516



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MAR 1 2 2015 S. GILBERT

## **COVER LETTER**

\*

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

SUBJECT:	DEREK H. LLO	4D. P.A.	
<del></del>	(PROPOSED CORPO	NATENAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the	articles 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	PY REQUIRED
FROM:	DEREK H. LLOYD Na 1664. SW 13TH	me (Printed or typed)	
		71001000	
	MIAMI, FL 331	y, State & Zip	
	305.609.1934 Daytime	e Telephone number	
	derek.h. lloyd@ a	-	
	E-man address; (to be t	ised for future annual report i	notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2015

DEREK H. LLOYD 1664 SW 13TH STREET MIAMI, FL 33145

SUBJECT: DEREK H. LLOYD, P.A. Ref. Number: W15000010516

We have received your document for DEREK H. LLOYD, P.A. and your check(s) totaling \$87.50. 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.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 015A00002997

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMI The name of the corporati	on shall be: DEREK H. 1  ICIPAL OFFICE  Principal street address  37H St.	LLOYD, P.A. 15 Men	LED
ARTICLE II PRIN	ICIPAL OFFICE	Sin Sin	// AM -
F	Principal street address	Mailing address	if different is:35
1664 SW 1	137H St.		SEE, F, STATE
MIAMI, FI	33145		LUNION
·		<del></del>	
	POSE  e corporation is organized is: THE  PAOPESSIONAL SERV		
	<del></del>	<del></del>	
	1664 SW 13TH 87.		
-	MIAMI FL 33145		
-	10(14)10(1, FL 37/7)		···
-			<del></del>
Name and Title:		Name and Title:	
Address		Address:	<del></del>
-			<u> </u>
-			
Name and Title:		_ Name and Title:	
Address		Address:	<u> </u>
		···	

Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:			
Name: DEREK LLOYD	<u>-</u>			
Address: 1664 SW 137# St.	_			
MiAmi, FL 33145	~			
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Name: DEREK LLOYD	_			
Address: 1664 SW 374 ST. MIAMMI, FC 33145	_			
MIAMM, FL 33145	_			
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				
Required Signature/Registered Agent	1/30/15			
Required Signature/Registered Agent	/ Date			
I submit this document and affirm that the facts stated herein are document to the Department of State fonstitutes a third degree felor	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.			
	1/30/15			
Required Signature/Incorporator	Date			