

P15000034168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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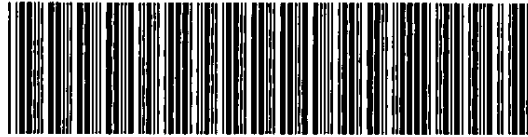
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF MISSISSIPPI

MD 4/15

## COVER LETTER

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

SUBJECT: **RICKY MARTINEZ, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **RICARDO MARTINEZ JR.**  
Name (Printed or typed)  
**202 S. 22ND STREET, SUITE 104**  
Address  
**TAMPA, FLORIDA 33605**  
City, State & Zip  
**813-242-9292**  
Daytime Telephone number  
**rickymartinezlaw@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**    RICKY MARTINEZ, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address  
202 S. 22ND STREET, SUITE 104  
TAMPA, FL 33605  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: Professional Association serving as a law office  
and to be established as an "S" corporation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**    100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>RICARDO MARTINEZ JR.</u>	Name and Title:	_____
Address	<u>202 S. 22ND STREET</u>	Address:	_____
	<u>SUITE 104</u>		_____
	<u>TAMPA, FL 33605</u>		_____

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: RICARDO MARTINEZ JR.  
Address: 202 S. 22ND STREET, SUITE 104  
TAMPA, FLORIDA 33605

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DEPARTMENT OF STATE  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RICARDO MARTINEZ JR.  
Address: 202 S. 22ND STREET, SUITE 104  
TAMPA, FLORIDA 33605

*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  
4/10/2015  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
4/10/2015  
Date