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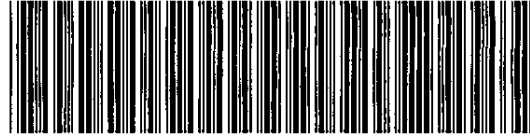
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COVER LETTER

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

SUBJECT: ALEXANDRA D. SALVADOR, 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: ALEXANDRA D. SALVADOR, ESQ.

Name (Printed or typed)

1785 WEST 33 PLACE

Address

HIALEAH, FLORIDA 33012

City, State & Zip

305-364-9952

Daytime Telephone number

ASALVADOR@SUNSHINEWINDOWS.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: ALEXANDRA D. SALVADOR, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1785 WEST 33 PLACE

1785 WEST 33 PLACE

HIALEAH, FLORIDA 33012

HIALEAH, FLORIDA 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN THE PRACTICE OF LAW AS PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDRA D. SALVADOR, DPST

Name and Title: _____

Address 1785 WEST 33 PLACE

Address: _____

HIALEAH, FLORIDA 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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15 MAY 19 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: JAIME PUERTO
Address: 1785 WEST 33 PLACE
HIALEAH, FLORIDA 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALEXANDRA D. SALVADOR
Address: 1785 WEST 33 PLACE
HIALEAH, FLORIDA 33012

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/14/2015
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

5/14/2015
Date