50000

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, , , ,					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to rining Officer.					



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05/11/15--01032--008 **78.75

COVER LETTER

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

SUBJECT: AND	RADE LAW OFFICE, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: _	ELORA ANDRADE ORTEGO Nam 04 SW 17th AVENUE, SUITE 4	e (Printed or typed)	
-		Address	
N	MAMI, FLORIDA 33135		
	City	, State & Zip	
(3	305) 992-6825		
_	Daytime '	Telephone number	
А	NDRADELAWPA@GMAIL.COM		
	E mail address: (to be use	ed for future annual report	notification)

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



May 15, 2015

ELORA ANDRADE ORTEGO 704 S.W. 17TH AVENUE, SUITE 4 MIAMI, FL 33135

SUBJECT: ANDRADE LAW OFFICE, P.A.

Ref. Number: W15000034615

We have received your document for ANDRADE LAW OFFICE, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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: 615A00010247

May 26, 2015

Florida Department of State Division of Corporations Attn: Maryanne Dickey, Regulatory Specialist II, New Filing Section P.O. Box 6327 Tallahassee, FL 32314 TRECEIVED

SUBJECT: ANDRADE LAW OFFICE, P.A.

Ref. Number: W15000034615 Letter Number: 615A00010247

The purpose of this letter is to respond to your above referenced letter regarding the registration of ANDRADE LAW OFFICE, P.A. The name of the voluntarily dissolved business stated in your letter was ANDRADE LAW OFFICES, LLC. and, as the former managing member of the dissolved limited liability company, I hereby state that I have no intention of revoking the dissolution. Therefore, I hereby release the name to this new entity to which my daughter, Elora Andrade Ortego, a Florida licensed attorney, is now trying to file as a corporation and without the letter "S" after the word office.

We appreciate your time and attention to this matter. Please proceed with the registration of ANDRADE LAW OFFICE, P.A. accordingly and should you have any questions, please do not hesitate to contact me directly at (786) 707-7770.

ttila de Souza Leão Andrade Jr.

Former Managing Member of Andrade Law Offices, LLC.

Dated this **26** day of **1444**, 2015.

ANOLAN T. NAVAS
MY COMMISSION # EEB62535
EXPIRES: January 03, 2017

NOTARY PUBLIC

Printed Name: ANOCAN T. NAVAS

My Commission Expires:

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

ARTICLE I NAME The name of the corporat	tion shall be: ANDRADE LAW OFFICE,	P.A.	Ş		
	CIPAL OFFICE Principal street address		Mailing address, if different	intis:	<u> </u>
704 SW 17th AVENUE	S, SUITE 4	SAM	E AS PRINCIPAL ADDRE	٠ ١ ســـــــــــــــــــــــــــــــــــ	-
MIAMI, FLORIDA 33	135				
ARTICLE III PURPO The purpose for which t	DSE provide leganized is:	gal services			
			· -		
			,		
ARTICLE IV SHARI The number of shares of ARTICLE V INITIA Name and Title	Stock is: IL OFFICERS AND/OR DIRECTORS Flora Andrade Ortego, Esq. (Officer)	Name and	Γitle:		
Address	704 SW 17th AVENUE, SUITE 4	Address:		<u>,</u>	
	MIAMI, FLORIDA 33135				
Name and Title:		Name and 1	Citle:		
Address		Address:			
Name and Title:		Name and 1	Fitle:		
Address		Address:			

Name an	d Title:	Name and Title:	<u> </u>
Address		Address:	
			15
	REGISTERED AGENT		JUN -
	lorida street address (P.O. Box NOT acceptable) ELORA ANDRADE ORTEGO	of the registered agent is:	
Name:	704 SW 17th AVENUE, SUITE 4		
Address:	MIAMI, FLORIDA 33135		10 C
ARTICLE VII	INCORPORATOR		
The <u>name and ac</u>	ddress of the Incorporator is:		
Name:	ELORA ANDRADE ORTEGO		
Address:	704 SW 17th AVENUE, SUITE 4		
71041035.	MIAMI, FLORIDA 33135		
Effective date, if (If an effective d days after the fil Note: If the date	other than the date of filing: DATE OF FILING late is listed, the date must be specific and candling.) inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements, thi	
Having been nan	ned as registered agent to accept service of proce am familiar with and accept the appointment as r Required Signature/Registered Agent	ss for the above stated corporation	
I submit this doc document to the I	rument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false ony as provided for in s.817.155. F	information submitted in a
- GAM	ADOM 30 red Signature/Incorporator		5/7/201S