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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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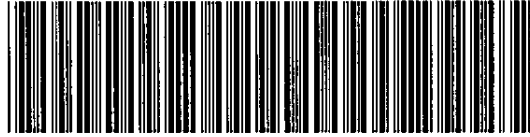
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Jonathan David Hernández 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: Jonathan David Hernandez

Name (Printed or typed)

1150 N Biscayne Pt Rd

Address

Miami Beach, FL 33141

City, State & Zip

786 609 7466

Daytime Telephone number

jonathan.hernandez.antuna@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: Jonathan David Hernández P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Jonathan David Hernandez

1150 N Biscayne Pt Rd

Miami Beach, FL 33141

Mailing address, if different is:

Jonathan David Hernandez

P.O. Box 416705

Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide legal services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan David Hernandez, Esq.

Name and Title: _____

Address 1150 N Biscayne Pt Rd

Address: _____

Miami Beach, FL 33141

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
MIAMI BEACH, FL 33139

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: Jonathan David Hernandez
Address: 1150 N Biscayne Pt Rd
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

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

Name: Jonathan David Hernandez
Address: 1150 N Biscayne Pt Rd
Miami Beach, FL 33141

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

05/27/2015
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

05/27/2015
Date