

P15000051969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Oscar E. Berlanga, 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 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 COPY REQUIRED**

**FROM:** Oscar E. Berlanga  
Name (Printed or typed)  
10631 N. Kendall Drive, Suite 205  
Address  
Miami, Florida. 33176  
City, State & Zip  
(305) 279-3140  
Daytime Telephone number  
oberlanga1961@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2015

OSCAR BERLANGA  
10631 N. KENDALL DR., STE 205  
MIAMI, FL 33176

SUBJECT: OSCAR E. BERLANGA, P.A.  
Ref. Number: W15000038445

We have received your document for OSCAR E. BERLANGA, 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 specific business purpose of the professional association must be stated in the document.

Please remove the wording "any other lawful purpose" from the purpose.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 215A00011467

**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: Oscar E. Berlanga, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10631 N. Kendall Drive

Suite 205

Miami, Florida 33176

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Engaging in the practice of law

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Oscar E. Berlanga, President

Name and Title:

Address 10631 N. Kendall Drive, Suite 205

Address:

Miami, Florida 33176

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED  
2015 JUN 16 PM 12:47  
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: Oscar E. Berlanga  
Address: 10631 N. Kendall Drive, Suite 205  
Miami, Florida 33176

**ARTICLE VII INCORPORATOR**

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

Name: Oscar E. Berlanga  
Address: 10631 N. Kendall Drive, Suite 205  
Miami, Florida 33176

**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

5/25/15  
\_\_\_\_\_  
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

5/25/15  
\_\_\_\_\_  
Date