## P15000075729

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W15-57186				

Office Use Only



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08/25/15--01015--001 \*\*78.75

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

7544 2976, 671

SEP 1 7 2015

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## **COVER LETTER**

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

SUBJECT: Alan	Palma P.A.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the art	ticles of incorporation an	d a check for:
□ \$70.00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: _	Alan Palma Nam 1330 West Avenue, Apt. 1710	e (Printed or typed)	
-	•	Address	
1	Miami Beach, Florida 33139		
-	City	, State & Zip	·
:	305-906-1930		
-	Daytime 7	relephone number	
a	pumlaw@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.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2015

ALAN PALMA 1330 WEST AVE, APT 1710 MIAMI BEACH, FL 33139

SUBJECT: PALMA P.A.

Ref. Number: W15000057986

We have received your document for PALMA 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000186526.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 615A00018439

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

The recess of the segment	ion shall be:		ALICAN 14
			MANA PA
<u>ARTICLE II PRINC</u>	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing :	address, if different is:
1330 West Avenue, Apt.	. 1710		NO <sub>4</sub>
Miami Beach, Florida 33	3139		
ARTICLE III PURPO The purpose for which the	SE Legal S e corporation is organized is:	ervices	
<u></u>			
ARTICLE IV SHARE The number of shares of shares of shares.  ARTICLE V INITIA	ES stock is:  L OFFICERS AND/OR DIRECTORS		
Name and Title	President: Alan Palma		
Address	1330 West Avenue, Apt. 1710	Address:	
	Miami Beach, Florida 33139		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
. Address		Address:	

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	la) of the magistered agent is:	
Name:	Alan Palma	ie) of the registered agent is.	
Address:	1330 West Avenue, Apt. 1710	<del>_</del>	
	Miami Beach, Florida 33139		
A DOMEST TO LIVE	TYGODD ATOD	_ <del></del>	
	<u>INCORPORATOR</u>		•
The <u>name and</u> :	address of the Incorporator is:		•
Name:	Alan Palma		
Address:	1330 West Avenue, Apt. 1710		
	Miami Beach, Florida 33139		
ADTICI E VIII	EFFECTIVE DATE:		
Effective date, i	if other than the date of filing: date is listed, the date must be specific and ca	nnot be more than five busi	AL) ness days prior or 90 business
Note: If the dathe document's	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requiremends.	ents, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of prolations and accept the appointment a	ocess for the above stated corp s registered agent and agree to	poration at the place designated in a act in this capacity
			_ 9/6/13
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the felony as provided for in s.817.	e false information submitted in a
	1		9/11/15
Requ	uired Signature/Incorporator		Date