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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	₩AIT	_		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
P.				

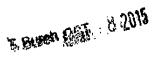
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SECRETARY OF STATE



COVER LETTER

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

SUBJECT: Elio Va	zquez, P.A.		
SUBJECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED
FROM:	io Vazquez, Esq. Name	e (Printed or typed)	
678	80 Coral Way		
		Address	
Mi	ami, Fl 33155		
	City,	State & Zip	
305	5 444 5567		
		elephone number	
vaz	quezelio@bellsouth.net		

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

E-mail address: (to be used for future annual report notification)

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

The name of the corporat	Elio Vazquez, P.A.		
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
Miami, Florida 33	155		
ARTICLE III PURPO The purpose for which t	OSE law Pra	octice and any lawful purpose.	
			ARC CT THE THE SECTION OF THE SECTIO
			FES III
ARTICLE IV SHARE The number of shares of	ES 1000 stock is:		₩ .
	IL OFFICERS AND/OR DIRECTORS Elio Vazquez	-	/secertary/treasurer
Name and Title	6780 Coral Way	A 11.	
	Miami, Florida 33155		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	
			, , , , , , , , , , , , , , , , , , , ,

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and I</u> Name:	Florida street address (P.O. Box NOT accept Elio Vazquez	able) of the registered agent is:
Address:	6780 Coral Way	——————————————————————————————————————
	Miami, Fl 33155	
ARTICLE VII	<u>INCORPORATOR</u>	-5 PH L: 09 SEELFLONIDA
The <u>name and a</u>	address of the Incorporator is:	94 F 1700
Name:	Elio Vazquez	
Address:	6780 Coral Way	
	Miami, Florida 37155	
Effective date, i (If an effective days after the f Note: If the dat	date is listed, the date must be specific and filing.)	cannot be more than five business days prior or 90 business licable statutory filing requirements, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of an familiar with and accept the appointmen	process for the above stated corporation at the place designated in It as registered agent and agree to act in this capacity
	fund	9/25/2015
	Required Signature/Registered Age	
l submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	rin are true. I am aware that the false information submitted in a re felony as provided for in s.817.155, F.S.
		9/25/2015
Redi	red Signature/Incorporator	Date

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