

P15000094950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

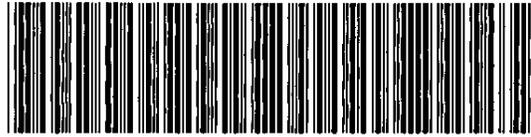
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2015

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 886962 81081A

AUTHORIZATION :



COST LIMIT : \$78.75

ORDER DATE : November 25, 2015

ORDER TIME : 1:13 PM

ORDER NO. : 886962-005

CUSTOMER NO: 81081A

DOMESTIC FILING

NAME: CASANOVA LAW, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Casanova Law, 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: Lourdes M. Casanova
Name (Printed or typed)

5737 Okeechobee Blvd. Suite 201
Address

West Palm Beach, FL 33417
City, State & Zip

561-236-5340
Daytime Telephone number

L.Casanova.Law@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: Casanova Law, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5737 Okeechobee Blvd. Suite 201
West Palm Beach, Florida 33417

Mailing address, if different is:

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lourdes M. Casanova, President Name and Title: _____

Address: 5737 Okeechobee Blvd. Suite 201 Address: _____
West Palm Beach, Florida 33417

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Karen Levin Alexander
 Address: 5737 Okeechobee Blvd. Suite 201
West Palm Beach, Florida 33417

DEPARTMENT OF STATE
 CALL CENTER FLORIDA
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lourdes M. Casanova
 Address: 5737 Okeechobee Blvd. Suite 201
West Palm Beach, Florida 33417

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


 _____ 11/24/2015
 Required Signature/Registered Agent 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.


 _____ 11/24/2015
 Required Signature/Incorporator Date