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(Requestor's Name)

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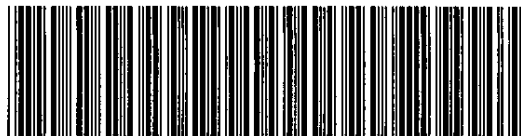
(Business Entity Name)

(Document Number)

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16 JAN 15 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/16

## COVER LETTER

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

**SUBJECT:** The Ferro Law Firm, 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:** Simon Ferro

\_\_\_\_\_  
Name (Printed or typed)

8870 SW 86 Street

\_\_\_\_\_  
Address

Miami, Florida 33173

\_\_\_\_\_  
City, State & Zip

305-984-8892

\_\_\_\_\_  
Daytime Telephone number

ferro.simon@gmail.com

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

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

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**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: The Ferro Law Firm, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8870 SW 86 Street

Miami, Florida 33173

**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 @ 1.00/share

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

Name and Title: Beatriz Arroyave Ferro, Esq., Mgr.

Name and Title: \_\_\_\_\_

Address 8870 SW 86 Street

Address: \_\_\_\_\_

Miami, Florida 33173

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED  
AND  
FILED

16 JAN 15 AM 8:16

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Beatriz Arroyave Ferro, Esq.

Address: 8870 SW 86 Street

Miami, Florida 33173

**ARTICLE VII INCORPORATOR**

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

Name: Beatriz Arroyave Ferro, Esq.

Address: 8870 SW 86 Street

Miami, Florida 33173


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/13/2016. (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

1/13/2016  
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

1/13/2016  
Date