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COVER LETTER

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

SUBJECT: Law O	Tice of Elizabeth Delgado, P.A.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	izabeth Delgado Mizrahi		
	Nam 75 NW 153rd Street, Suite 215	e (Printed or typed)	15 PH I2: 0
Mi	ami Lakes, Florida 33014	Address	9
303	City 5-557-7373	, State & Zip	
	Daytime 1	Telephone number	
del	gadodefense@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.

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	ARTICLES OF	INCORPORATION
		7 and/an Chanton (21 E.C. (Dun St.)
TICLE I NAM name of the corp	LAW CHICE OF CHAMBERT (Delgado, P.A. Mailing address, if different is:
TICLE II PRI	NCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
5 N.W. 153rd Str	reet, Suite 215	
mi Lakes, Florid	a 33014	
FICLE III PUR purpose for whice	RPOSE th the corporation is organized is:	gage in the practice of law as a professional law corporation and
arry on services i	ncident thereto. The practice of law, the p	providing of legal consultation and the provision of professional
vices directly rela	ted thereto will be the sole and exclusive	professional services to be rendered by this corporation. To own
perty, enter into c	ontracts and to carry on any business or s	service necessary or incidental to the accomplishment or
therance of the pu	rposes or objects of this corporation. Prof	fessional services of this corporation shall be carried out only
ough officers, emp	bioyees and agents, each of who has been	admitted to the Bar of and as duly authorized to practice law in
number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTORS	
Name and T	itle: Elizabeth Delgado Mizrahi	Name and Title: President
Address	6175 NW 153rd Street	
	Suite 215	
	Miami Lakes, Florida 33014	
Name and Ti	Elizabeth Delgado Mizrahi	Name and Title:
Address	6175 NW 153rd Street	Address
Addiess	Suite 215	Address:
	Miami Lakes, Florida 33014	
		
Name and Ti	tle:	Name and Title:
Address		Address:
		

Name ar	id Tille:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	Elizabeth Delgado Mizrahi	, or the registered agent is.	
Address:	6175 NW 153rd Street, Suite 215	_	
	Miami Lakes, Florida 33014		
ARTICLE VII	INCORPORATOR		TO AN TH
The <u>name and a</u>	ddress of the Incorporator is:		5
Name:	Elizabeth Delgado Mizrahi		
Address:	6175 NW 153rd Street, Suite 215		PH R
	Miami Lakes, Florida 33014	_	33 9
Effective date, if (If an effective of days after the finder: If the date	date is listed, the date must be specific and car	ole statutory filing requirements, this da	•
	med as registered agent to accept service of proc am familiar with and accept the appointment as		
This	shift IX Naki	Janu	ary 12, 2016
	Required Signature/Registered Agent		Date
submit this doc	cument and affirm that the facts stated herein a	re true. I am aware that the false info	ormation submitted i
locument to)the	Department of State constitutes a third degree fe	ony as provided for in s.817.155, F.S.	
Lin	John Mali	Jan	uary 12, 2016
(Requ	ired Signature/Incorporator		Date