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## **COVER LETTER**

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

SUBJECT: Christop	pher Michael Tien, PA				
50 <b>55</b> C1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	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	PY REQUIRED		
FROM:	ge de la Cruz-Munoz, Esq. Nam	e (Printed or typed)			
Dui	nwody White & Landon, PA, 550 B	iltmore Way, #810			
	Address				
Cor	ral Gables, FL 33134				
	City	, State & Zip			
305	-529-1500				
	Daytime *	Telephone number			
ytie	n@adminconllc.com				
	E-mail address: (to be use	ed for future annual report	notification)		

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

# DUNWODY WHITE $\mathcal{E}$ Landon, p.a.

### ATTORNEYS AT LAW

FRANK T. ADAMS JACKSON M. BRUCE, JR. DANIEL K. CAPES DENISE B. CAZOBON NEIL R. CHRYSTAL JORGE DE LA CRUZ-MUÑOZ JACK A. FALK, JR. RONALD L. FICK JOHN J. GRUNDHAUSER

DAVID M. HALPEN ROBERT D. W. LANDON, II JEREMY P. LEATHE THOMAS J. MATKOV WILLIAM T. MUIR ALFRED J. STASHIS, JR. ROBERT A. WHITE

ATWOOD DUNWODY (1912-1996)

Reply to Miami Office

January 22, 2016

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

> Christopher Michael Tien, PA Re:

Dear Sir or Madam:

Enclosed for your handling are the following documents:

- 1. Articles of Incorporation for Christopher Michael Tien, PA (original and duplicate copy);
- Check payable to the Florida Department of State in the amount of \$87.50 for the 2. filing fee, certified copy and Certificate of Status; and
- 3. Self-addressed, return envelope.

Please return the Certificate of Status and the certified copy to the undersigned in the enclosed return envelope. Thank you for your assistance with this and if you have any questions, please let me know.

Florida Registered Paraleg

:csm

**Enclosures** 

Christopher Tien, via e-mail (w/encls)

Yife Tien, via e-mail (w/encls)

Michael DeSiato, CPA (w/encls)

Neil R. Chrystal, Esq. (w/o encls)

Jorge de la Cruz-Munoz, Esq. (w/encls)

m:\planning\s-t\tien, yife\50 christopher michael tien, pa\2016-01-21 ltr - fl dept state.docx

MIAMI

**NAPLES** 

550 Biltmore Way Suite 810

Fax 305 / 529-8855

4001 Tamiami Trail North Suite 200

Coral Gables, Florida 33134 Telephone 305 / 529-1500

Naples, Florida 34103 Telephone 239 / 263-5885

Fax 239 / 262-1442

PALM BEACH Plaza Center, Suite 501 249 Royal Palm Way Palm Beach, Florida 33480 Telephone 561 / 655-2120 Fax 561 / 655-2168

- www.dwl-law.com

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

ARTICLE I NAME The name of the corporat	tion shall be: Christopher Michael Tie	n, PA			
	TIPAL OFFICE Principal <u>street</u> address	1	Mailing address, if different is:		
1600 Ponce de Leon Bl	vd., #PH-1				
Coral Gables, FL 3313	4	<u> </u>			
	DSE ne corporation is organized is: The go			iding	
	own real and personal property neces				
authorized hereby.			شعر حور	300	
			25		
			TO H		
ARTICLE IV SHARI The number of shares of			2:	BRATIONS	
	L OFFICERS AND/OR DIRECTOR Christopher Michael Tien, Director		Christopher Michael Tien, P, S, T		
Name and Title	1600 Ponce de Leon Blvd., #PH-1	Name and Title: Address:	1600 Ponce de Leon Blvd., #PH-1		
	Coral Gables, FL 33134	Address.	Coral Gables, FL 33134		
Name and Title:		Name and Title:			
Address		Address:		<del></del>	
Name and Title:		Name and Title:		<u> </u>	
Address		Address:			
		<del></del>			

Name a	nd Title:	Name and Title:		<del></del>
Addres	s	Address:		
				_
				_
	REGISTERED AGENT  Plorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Neil R. Chrystal, Esq.	of the registered agent is.		
Address:	550 Biltmore Way, Suite #810	_		
	Coral Gables, FL 33134			
				$\bar{\leq}_{\sigma}$
ARTICLE VII	<u>INCORPORATOR</u>		JAN	일본 기계
The name and a	ddress of the Incorporator is:		N	7.33-m
Name:	Jorge de la Cruz-Munoz, Esq.	_	<u>5</u>	
Address:	550 Biltmore Way, Suite #810	_	2:	)F 81
	Coral Gables, FL 33134	_	-	ATTO
				دَرُّرَا دَرُّرَا
Effective date if	EFFECTIVE DATE:  f other than the date of filing:	(OPTIONAL)		
(If an effective	date is listed, the date must be specific and can	not be more than five business days prior or 90	business	i
days after the f				
	e inserted in this block does not meet the applicable effective date on the Department of State's records		e listed a	18
	med as registered agent to accept service of proce am familiar with and accept the appointment as r		signatea	l in
	and accept the appointment as the	-	).	,
-//m	Required Signature/Registered Agent		<u>'                                    </u>	Le
	cument and affirm that the facts stated herein ar		mitted i	n a
document to the	Defurtment of State constitutes a third degree feld	ony as provided for in s.817.155, F.S.	) <i>(</i>	
Requ	ired Squares/Incorporator		16	_
/ Kequ	medis-ignature interporator	į Date		

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