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S. GILBERT

COVER LETTER

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

SUBJECT: Jose	eph M. Hernandez, P.A.		
30baEC1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation an	d a check for:
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		ne (Printed or typed)	
	· · · · ·	Address	
	Coral Gables, FL 33134		
	City	, State & Zip	
	305-854-0800		
-	Daytime '	Telephone number	
,	jhernandez@wsh-law.com		
	E-mail address: (to be use	ed 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)



The name of the corporation s ARTICLE II PRINCIPA Prin 2525 Ponce de Leon Blvd., s Coral Gables, FL 33134 ARTICLE III PURPOSE The purpose for which the co	LOFFICE cipal street address Suite 700	Mailing	address, if differentis: FLOR.
Coral Gables, FL 33134			
ARTICLE III BURBOCE	Provide le		
ARTICLE III PURPOSE The purpose for which the co	Provide le		
	orporation is organized is:	gal services	
			,
Name and Title: Jos	FFICERS AND/OR DIRECTORS eph M. Hernandez, President 5 Ponce de Leon Blvd., Suite 700		
Address	ral Gables, FL 33134	Address:	
——————————————————————————————————————			
Name and Title:		Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	•
<u></u>			

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Joseph M. Hernandez, Esq	
Address:	2525 Ponce de Leon Blvd., Suite 700	_
	Coral Gables, FL 33134	_
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Joseph M. Hernandez, Esq	_
Address:	2525 Ponce de Leon Blvd., Suite 700	_
	Coral Gables, FL 33134	<u> </u>
Effective date, if		(OPTIONAL) not be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable ffective date on the Department of State's records	le statutory filing requirements, this date will not be listed as
Having been no this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
I submit this do document to the	Required Signature/Registered Agent cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	Date re true. I am aware that the false information submitted in a provided for in s.817.155, F.S.
Requ	ired Signature incorporator	