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(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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FEB 1 9 2016 T SCHROEDER FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000 OFFICE USE ONLY

WALK-IN

ENTITY NAME:

MTR LAW, P.A.

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

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

SUBJECT: MTI	R Law, PA				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
□ \$70.0 Filing Fe	% \$78.75 Exercificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL		L COPY REQUIRED		
FROM:	Monica Tirado Ratcliffe Name (Printed or typed)				
	8005 SW 173 Terrace				
	Address				
	Palmetto Bay, FL 33157 City, State & Zip				
	(305)804-5586	, State & Zip			
	Daytime Telephone number				
	mtiradoratcliffe@gmail.com				
	E-mail address: (to be use	d 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)

name of the corporation shall be:	
TICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
05 SW 173 Terrace	
imetto Bay, FL 33157	
RTICLE III PURPOSE e purpose for which the corporation is organized is:	egal professional services as Law office.
	TALL
	SET OF U
RTICLE IV SHARES 100 he number of shares of stock is:	FLORE D
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Monica Tirado Ratcliffe, President	
Name and Title: 8005 SW 173 Terrace	Name and Title:
Palmetto Bay, FL 33157	Address.
Name and Title:	Name and Title:
Address	Address:
Name and Title	
Name and Title:	
Address	Address:

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Rolando Nunez		
Address:	8005 SW 173 Terrace	_	
	Palmetto Bay, FL 33157		
ARTICLE VII	INCORPORATOR	SEGRETARY OF STATE FALLAHASSEE, FLORIDA	3 -18
The name and	address of the Incorporator is:	SEE SEE	
Name:	Monica Tirado Ratcliffe		
Address:	8005 SW 173 Terrace	TATE	.
	Palmetto Bay, FL 33157	→ 5	8
Effective date, (If an effective days after the Note: If the days	if other than the date of filing: e date is listed, the date must be specific and car filing.) ate inserted in this block does not meet the applical a effective date on the Department of State's record	ble statutory filing requirements, this date will no	
Having been n this certificate,	named as registered agent to accept service of production of accept the appointment as Required Signature/Registered Agent	registered agent and agree to act in this capacity	designated in
document to th	locument and affirm that the facts stated herein of the Department of State constitutes a third degree fermion of the Constitutes as the degree of the Constitutes as the Constitute of	are true. I am aware that the false information selony as provided for in s.817.155, F.S.	