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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SEGRETARY OF STAIL DIVISION OF CORPORATIONS

FEB 1 2 2016 S. PRATHER



January 12, 2016

JENNIE L. COLABELLI, ESQ 520 S.E. 5TH AVE APT 3101 FORT LAUDERDALE, FL 33301

SUBJECT: JLC LAW, P.A. Ref. Number: W16000001751

We have received your document for JLC LAW, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 416A00000707

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: JLC Lav	w, P.A.			
SOBJECT:	(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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
	ADDITIONAL COPY REQUIRED			
Jen	nie L. Colabelli, Esq.			
FROM:	Nam	e (Printed or typed)	ASTAN OF STATE	
520	S.E. 5th Ave., Apt. 3101			
-	Address			
For	t Lauderdale, Florida 33301			
<del></del>	City, State & Zip			
315	-256-2448			
	Daytime '	Felephone number		
jleo	labelli@gmail.com			
<del></del>	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)

	tion shall be: JLC Law, P.A.		····
ARTICLE II PRING 520 S.E. 5th Ave., Apt.	Principal street address	Mailing address,	if different is:
Fort Lauderdale, Florid			
		<del></del>	
ARTICLE III PURPO The purpose for which t	OSE to rend he corporation is organized is:	er legal services.	
			<b>6</b> V
			BIVISION OF CO
	**************************************		7 FA
	V		PH 1: 37
			<u> </u>
	L OFFICERS AND/OR DIRECTORS		
Name and Title Address	520 S.E. 5th Ave., Apt. 3101	Name and Title:	<u> </u>
	Fort Lauderdale, Florida 33301	Address:	
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address			
		· · · · · · · · · · · · · · · · · · ·	

Name a	nd Title:	Name and Title:
Addres	s	Address:
ADTICLE VI	DECISTERED ACENT	
	<u>REGISTERED AGENT</u> <u>Florida street address</u> (P.O. Box NOT acceptab	ole) of the registered agent is:
Name:	Jennie L. Colabelli, Esq.	
Address: 5	520 S.E. 5th Ave., Apt. 3101	· 
	Fort Lauderdale, Florida 33301	
ARTICLE VII	INCORPORATOR	SECHE HVISION 16 FEB
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Jennie L. Colabelli, Esq.	
Address:	520 S.E. 5th Ave., Apt. 3101	- STATE STATE
	Fort Lauderdale, Florida 33301	
Effective date, if (If an effective days after the fi	ling.)	annot be more than five business days prior or 90 business
the document's	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as ords.
Having been na this certificate, I	med as registe <u>red ag</u> ent to accept service of pr am familiar with and accept the appointment o	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
-1-8-		2/10/10
	Required Signature/Registered Agent	2/6/16 Date
I submit this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155. F.S.
	The same and a second	erong no province for in authorized, that
		2/4/14
Kequ	red Signature/Incorporator	Date