

P/6000021975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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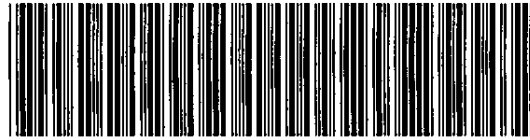
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR -3 PM 2:20

EFFECTIVE DATE 03/01/16

03/10/16

COVER LETTER

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

Abogado Franco, P.A.

SUBJECT: _____

(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Fernando Franco
Name (Printed or typed)
690 SW 1st CT APT 1034
Address
Miami, FL 33130
City, State & Zip
7862915321
Daytime Telephone number
info@abogadofranco.com
E-mail address: (to be used 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)

ARTICLE I NAME

Abogado Franco, P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

1990 SW 27th Avenue

Second Floor

Miami, Florida 33145

Mailing address, if different is:
same as principal address

ARTICLE III PURPOSE

practice of law

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fernando Franco - CEO

Name and Title: _____

Address 1990 SW 27th Avenue

Address: _____

Second Floor

Miami, Florida 33145

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____
Fernando Franco

Address: _____
1990 SW 27th Avenue, Second Floor

Miami, Florida 33145

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____
Fernando Franco

Address: _____
1990 SW 27th Avenue, Second Floor

Miami, Florida 33145

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

02/29/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

02/29/16

Date

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