

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000118225 3)))



H160001182253ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 MAY 12 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION MAURICIO LOPEZ, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 12 PM 12:38

FILED

5/13/16

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)H16000118225
FILEDARTICLE I NAME

The name of the corporation shall be:

Mauricio Lopez, P.A.

16 MAY 12 PM 12:38

ARTICLE II PRINCIPAL OFFICEPrincipal street address

3000 Coral Way

Suite 412

Miami, FL 33145

MAILING ADDRESS
Mailing address, if different is:

3000 Coral Way

Suite 412

Miami FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render legal services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Mauricio Lopez, President

Name and Title:

Address

3000 Coral Way

Address:

Apt 412

Miami, FL 33145

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H16000118225

(cont.)

H 16000118225

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mauricio Lopez
Address: 3000 Coral Way, Apt 412
Miami, FL 33145

FILED
16 MAY 12 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mauricio Lopez
Address: 3000 Coral Way, Apt 412
Miami, FL 33145

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

4/26/16
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

4/26/16
Date

H 16000118225