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2016 SEP 13 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

174

## COVER LETTER

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

**SUBJECT:** Lee A. Watson, Professional Association

**(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Lee A. Watson

Name (Printed or typed)

12590 Pines Blvd. #260552

Address

Pembroke Pines, FL 33026

City, State & Zip

305-978-4034

Daytime Telephone number

watsonlee71@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2016

LEE A. WATSON  
12590 PINES BLVD. #260552  
PEMBROKE PINES, FL 33026

SUBJECT: LEE A. WATSON, PROFESSIONAL ASSOCIATION  
Ref. Number: W16000059394

We have received your document for LEE A. WATSON, PROFESSIONAL ASSOCIATION and your check(s) totaling \$87.50. 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00018249

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Lee A. Watson, Professional Association

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address if different

11700 N.W. 18th Street

12590 Pines Blvd. #260552

Pembroke Pines, FL 33026

Pembroke Pines, FL 33026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide excellent legal representation at the highest level of achievement to help my client's prosper.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lee A. Watson, President Name and Title: \_\_\_\_\_

Address 12590 Pines Blvd. #260552 Address: \_\_\_\_\_

Pembroke Pines, FL 33026 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Lee A. Watson  
Address: 11700 N.W. 18th Street  
Pembroke Pines, FL 33026

**ARTICLE VII INCORPORATOR**

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

Name: Lee A. Watson  
Address: 12590 Pines Blvd. #260552  
Pembroke Pines, FL 33026

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Lee A. Watson 9/9/2016  
Required Signature/Registered Agent 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.*

Lee A. Watson 9/9/2016  
Required Signature/Incorporator Date