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APR 12 2017

COVER LETTER

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

SUBJECT: AHIZA HERNANDEZ JOHNSON P.A.

(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: Ahiza H. Johnson

Name (Printed or typed)

1200 N. Federal Highway, Suite 200

Address

Boca Raton, FL 33432

City, State & Zip

561-573-9143

Daytime Telephone number

ahizahjohnsonpa@gmail.com

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

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

AHIZA HERNANDEZ JOHNSON, ESQ.
1200 North Federal Highway, Suite 200
Boca Raton, FL 33432
Tel. 561.573.9143
Email: ahizahjohnsonpa@gmail.com

April 4, 2017

DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

RE: AHIZA HERNANDEZ JOHNSON, P.A.

Dear Office:

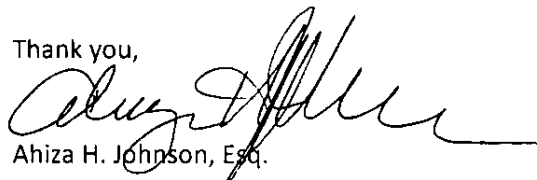
Enclosed please find my Cover Letter and Articles of Incorporation for my new corporation, and check number 205 in the amount of \$78.75 payable to Florida Dept. of State:

Ahiza Hernandez Johnson, P.A.
1200 N. Federal Highway, Suite 200
Boca Raton, FL 33432

~~I had a prior corporation with same name under Document Number P04000108800, with principal address at 5701 Sheridan Street, Hollywood, FL 33021. Please know that I will NOT be working under the old corporation, with Doc Number shown above, and have not worked with it since 12/31/2015, when the office was closed.~~

Please confirm receipt of this request and send me the Certificate of Status in the enclosed stamped envelope; also please provide proof of incorporation as requested to my email – ahizahjohnsonpa@gmail.com. If you have any questions, you may call me at the office number shown above or my cell phone 754-204-3354.

Thank you,



Ahiza H. Johnson, Esq.

Enclosures:
(Check, Stamped return envelope)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: AHIZA HERNANDEZ JOHNSON P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1200 North Federal Highway

Suite 200

Boca Raton, FL 33432

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide legal services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ahiza H. Johnson, Sole owner and Pres

Address 1200 N. Federal Hwy, Suite 200

Boca Raton, FL 33432

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: Marlon E. Bryan, Esq. _____

Address: 101 NE 3 Ave, Suite 1500 _____

Ft. Laud., FL 33301 _____

ARTICLE VII INCORPORATOR

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

Name: Ahiza H Johnson _____

Address: 1200 N. Federal Highway, Ste 200 _____

Boca Raton, FL 33432 _____

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

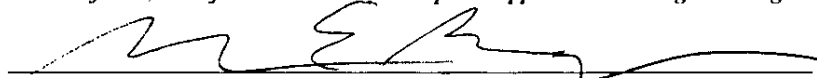
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 3, 2017 (OPTIONAL)

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

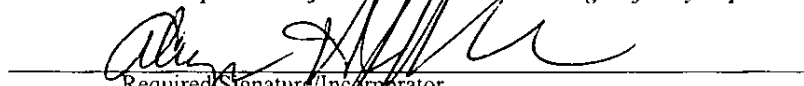
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4-4-2017
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

4-3-2017
Date