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17 MAY 15 PM 3:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** CLAUDIA P. GALLEGO, 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:** CLAUDIA P. GALLEGO

Name (Printed or typed)

6625 MIAMI LAKES DRIVE, SUITE 212

Address

MIAMI LAKES, FL 33014

City, State & Zip

(561)299-7929

Daytime Telephone number

LILAJ38@GMAIL.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**

The name of the corporation shall be: CLAUDIA P. GALLEGO, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6625 MIAMI LAKES DRIVE, SUITE 212

MIAMI LAKES, FL 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN EVERY ASPECT OF THE PRACTICE OF LAW.

THE CORPORATION MAY INVEST THE FUNDS OF THE CORPORATION IN REAL ESTATE, MORTGAGES,

STOCKS, BONDS, AND/OR ANY OTHER TYPE OF INVESTMENT, AND MAY OWN REAL AND/OR PERSONAL

PROPERTY.

**ARTICLE IV SHARES**

The number of shares of stock is: 3

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

Name and Title: CLAUDIA P. GALLEGO - DIRECTOR

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

Address 6625 MIAMI LAKES DRIVE, SUITE 212

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

MIAMI LAKES, FL 33014

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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JAN 15 PM 3:10  
CLERK OF DISTRICT COURT  
JACKSONVILLE, 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: CLAUDIA P. GALLEGO

Address: 6625 MIAMI LAKES DRIVE, SUITE 212

MIAMI LAKES, FL 33014

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: CLAUDIA P. GALLEGO

Address: 6625 MIAMI LAKES DRIVE, SUITE 212

MIAMI LAKES, FL 33014

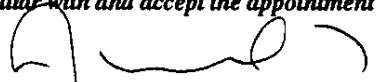
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

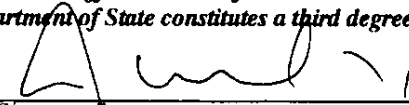
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Claudia P. Gallego Required Signature/Registered Agent

05/11/2017  
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  
Claudia P. Gallego

05/11/2017  
Date