

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
KO LAW FIRM P.A.

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

2ND REQUEST

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Corporate Filing Menu

Help

NOV 22 2017

T. SCOTT

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of KO Law Firm P.A. of Doc # PI6000099247 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Kathleen Maria Orteg

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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

KO Law Firm P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9900 sw 128 st
Miami FL 33176

Mailing address, if different is:

Same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Law Firm

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kathleen Maria Ortega (P)

Address:

9900 sw 128 st
Miami FL 33176

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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APPROVED
AND
FILEDCLERK OF STATE
TALLAHASSEE, FLORIDA

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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: Kathleen Maria Ortega
Address: 9900 SW 120th ST
Miami FL 33176

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Kathleen Maria Ortega
Address: 9900 SW 120th ST
Miami FL 33176

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 responsibilities as such and agree to act in this capacity

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 _____ is a third degree felony as provided for in s.817.333, F.S.

Registered Agent/Incorporator

Date

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