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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

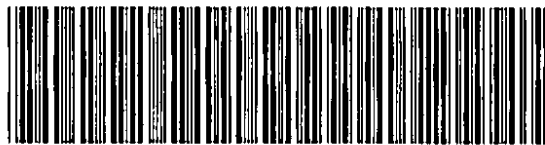
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2017

ALBERTO R. LEAL  
14129 LILY COURT  
WELLINGTON, FL 33414

SUBJECT: THE LAW OFFICE OF ALBERTO R. LEAL, P.A.  
Ref. Number: W17000098080

We have received your document for THE LAW OFFICE OF ALBERTO R. LEAL, P.A. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 617A00025069

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December 19, 2017

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

SUBJECT: THE LAW OFFICE OF ALBERTO R. LEAL, P.A.  
Ref. Number: W17000098080

Please find enclosed the original letter sent to me by the Division of Corporations informing me of my incorporation error stapled to the original articles of incorporation dated 12/7/17 along with two (2) new, amended and unstapled copies of the articles of incorporation correcting said error. Additionally, please note that I am changing the name of my corporate entity from The Law Office of Alberto R. Leal, P.A. to The Leal Law Firm, P.A. as my entity has yet to be filed and would request that the official name of my professional association be The Leal Law Firm, P.A. Please let me know if you need anything further.

Regards,



Alberto R. Leal, Esq.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: The Law office of Alberto R. Leal, 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  
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: Alberto R. Leal  
Name (Printed or typed)  
14129 Lily Court  
Address  
Wellington, FL 33414  
City, State & Zip  
561-301-1210  
Daytime Telephone number  
albertoleal99@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: The Leal Law Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 14129 Lily Court Wellington, FL 33414 Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO render and provide legal service and representation to the people of the State of Florida.

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto R. Leal, PDST Name and Title: \_\_\_\_\_

Address: 14129 Lily Court Address: \_\_\_\_\_  
Wellington, FL 33414

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

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

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

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

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: Alberto R. Leal

Address: 14129 Lily Court

Wellington, FL 33414

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alberto R. Leal

Address: 14129 Lily Court

Wellington, FL 33414

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*

A. Leal

Required Signature/Registered Agent

12-19-17

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.*

A. Leal

Required Signature/Incorporator

12-19-17

Date