

3/12/2019

P19000020903

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ASHLEY R. ABESADA OTR/L, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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

ARTICLE I NAME ASHLEY R. ABESADA OTR/L, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

8261 NW 167 TERRACE
MIAMI LAKES, FLORIDA 33106

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All legal purposes

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASHLEY R. ABESADA, President/Direct Name and Title:

Address 8261 NW 167 Terrace Address:

Miami Lakes, Florida 33016

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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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: Peter R. Abesada, Esq.
Address: 3676 SW 2nd Street
Miami, Florida 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ASHLEY R. ABESADA
Address: 8261 NW 167 Terrace
Miami Lakes, Florida 33016

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.

Peter R. Abesada
Required Signature/Registered Agent

3/8/2019
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.

Peter R. Abesada
Required Signature/Incorporator

3/8/2019
Date

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