

P 19000008048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

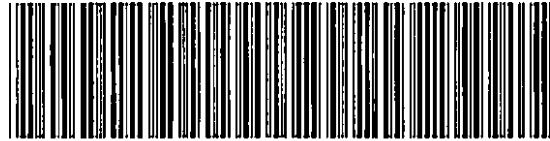
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/19--01041--000 **78.75

2019 OCT 15 AM 9:48
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Anthony Dominguez 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: Anthony R. Dominguez
Name (Printed or typed)

3191 Coral Way, Suite 500
Address

Miami, FL 33145
City, State & Zip

(440) 315-4610
Daytime Telephone number

Dominguez4444@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: Anthony Dominguez, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3191 Coral Way, Suite 500
Miami, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide the highest quality of legal services in the field of immigration and nationality law, and any other services relating to the practice in such field of law

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Anthony Dominguez

Address: 3191 Coral Way, Suite 500
Miami, FL 33145

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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: Anthony Dominguez

Address: 3191 Coral Way, Suite 500
Miami, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Dominguez

Address: 3191 Coral Way, Suite 500
Miami, FL 33145

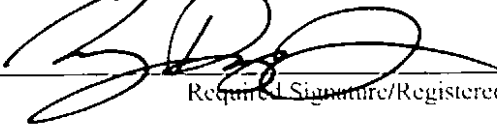
ARTICLE VIII EFFECTIVE DATE:

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

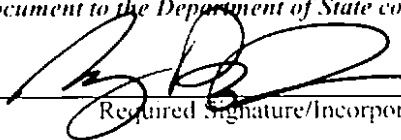


Required Signature/Registered Agent

10/10/2019

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.



Required Signature/Incorporator

10/10/2019

Date