

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and document number (shown below) on the top and bottom of any page of the document.

((H20000054803 ABCW)))



H20000054803ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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  
LAW OFFICES OF MAURICIO R. LOPEZ, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
2020 FEB 18 PM 5:19  
FEB 18 2020  
RECEIVED  
FEB 18 2020

FILED  
2020 FEB 18 PM 3:08  
FEB 18 2020  
ALLAHASSEE FL 100

## 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: LAW OFFICES OF MAURICIO R. LOPEZ, P.A.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

2333 PONCE DE LEON BOULEVARD

Mailing address, if different is:

BAC COLONNADE OFFICE TOWER SUITE 314CORAL GABLES FL 33134SAME**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: MAURICIO R LOPEZ (P) Name and Title: \_\_\_\_\_Address: 2333 PONCE DE LEON BOULEVARD Address: \_\_\_\_\_BAC COLONNADE OFFICE TOWER SUITE 314CORAL GABLES FL 33134

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: MAURICIO R. LOPEZ

Address: 2333 PONCE DE LEON BOULEVARD, BAC COLONNADE  
CORAL GABLES, FL 33134 OFFICE TOWER SUITE 314

**ARTICLE VII INCORPORATOR**

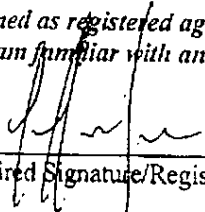
The name and address of the Incorporator is:

Name: MAURICIO R. LOPEZ

Address: 2333 PONCE DE LEON BOULEVARD, BAC COLONNADE  
CORAL GABLES, FL 33134 OFFICE TOWER SUITE 314

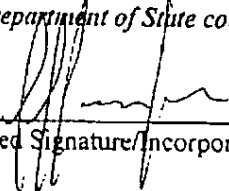
\*\*\*\*\*

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

2/18/2020  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

2/18/2020  
\_\_\_\_\_  
Date

FILED  
2020 FEB 18 PM 3:30  
AT TALLAHASSEE