

P210000411888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

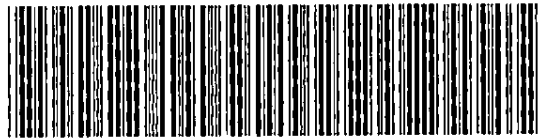
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY -7 PM 2:37

SECRETARY OF STATE
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ALLAHSSEREE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 781161 8342879

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : April 26, 2021

ORDER TIME : 8:12 AM

ORDER NO. : 781161-005

CUSTOMER NO: 8342879

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FILED

DOMESTIC FILING

NAME: NADIA ALFONSO, P.A.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: NADIA ALFONSO 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: NADIA Alfonso-Salas
Name (Printed or typed)
2644 Pinewood Ct.
Address
Davie, FL 33328
City, State & Zip
786-223-9715
Daytime Telephone number
nadialfonso@outlook.com
E-mail address: (to be used for future annual report notification)

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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: NADIA ALFONSO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2644 Pinewood Ct.
Danie, FL 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transacting in any and all lawful business for a professional corporation organized under the Florida Professional Service Corporation Act in the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nadia Alfonso-Sales, P Name and Title: _____
Address: 2644 Pinewood Ct. Address: _____
Danie, FL 33328

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: NADIA Aironso-Selas
Address: 2644 Pinewood Ct
Danie, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NADIA Aironso-Selas
Address: 2644 Pinewood Ct.
Danie, FL 33328

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

Date

5/5/2021

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

Date

5/5/2021

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CORPORATION