

P210000411888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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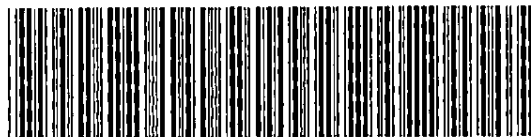
(Business Entity Name)

(Document Number)

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ALLAHSSER, EMMANUEL

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SECRETARY OF STATE  
ALLAHSSER, EMMANUEL

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

DOMESTIC FILING

NAME: NADIA ALFONSO, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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## 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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-Salas  
Address: 2644 Pinewood Ct  
Danie, FL 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NADIA Aironso-Salas  
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

5/5/2021  
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

5/5/2021  
Date

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TALLAHASSEE, FL