

P22000052625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

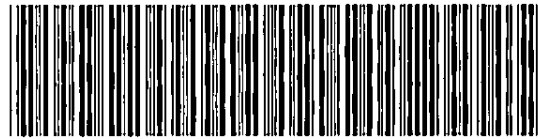
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200389632502

06/27/22--01007--020 **70.00

FILED

2022 JUN 28 AM 10:55

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2022 JUN 27 PM 12:23

STATE OF FLORIDA
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/27 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

INC

1. ANGEL ALVAREZ, ESQ., P.A.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: Angel Alvarez, Esq., 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: Irina Roth Neumann, Esq.

Name (Printed or typed)
1000 Brickell Ave., Suite 1100

Address
Miami, FL 33131

City, State & Zip
305-798-8878

Daytime Telephone number
irina@rothpalaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2022

CORPORATE ACCESS

SUBJECT: ANGEL ALVAREZ, ESQ., P.A.
Ref. Number: W22000087030

Corrected

We have received your document for ANGEL ALVAREZ, ESQ., P.A and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Did you want a (.) after the A in P.A?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 022A00014606

RECEIVED
2022 JUN 28 PM 3:40
ALAHASSEE, FL

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: Angel Alvarez, Esq., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1050 Brickell Ave. Unit 1502, FL, Miami, 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: practice of law

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel Alvarez, Director

Name and Title:

Address 1050 Brickell Ave.

Address:

Unit 1502, Miami, FL 33131

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2022 JUN 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

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: Angel Alvarez
Address: 1050 Brickell Ave.
Unit 1502, Miami, FL 33131

FILED
2022 JUN 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Angel Alvarez
Address: 1050 Brickell Ave.
Unit 1502, Miami, FL 33131


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

06/24/2022

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

Jun 24, 2022
Date