P23000040062

(Requestor's Name)					
(Address)					
(Add	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

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

SUBJECT:	LORA DAMIANI, P.A.				
301A/De1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Lora Damiani, P.A. Name	(Printed or typed)			
	97270 Overseas Highway				
	A	Address			
	Key Largo, Florida 33037				
	City,	State & Zip			
	305-451-8410				
	Daytime Te	elephone number			
	loradlaw@att.net				
	E mail address (to be used	for future annual report of	otification)		

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)

name of the corporation shall be: LORA DAN	
Principal street address	Mailing address, if different is:
97270 Overseas Highway	
Key Largo, Florida 33037	
PURPOSE purpose for which the corporation is organized is:	Legal Services
number of shares of stock is:	
number of shares of stock is: ITICLE V INITIAL OFFICERS AND/OR DIRECTO Lora Damiani - President	<u>PRS</u>
Name and Title: Lora Damiani - President	Name and Title:
Name and Title: Solution	<u>PRS</u>
Name and Title: Lora Damiani - President	Name and Title:
Name and Title: Address Key Largo, Florida 33037	Name and Title: Address:
Name and Title: Solution	Name and Title: Address:
Name and Title: Address Lora Damiani - President 97270 Overseas Highway Key Largo, Florida 33037	Name and Title: Address:
Name and Title: Address Lora Damiani - President 97270 Overseas Highway Key Largo, Florida 33037	Name and Title: Address: Name and Title:
Name and Title: Name and Title: Lora Damiani - President	Name and Title: Address: Name and Title:
Name and Title: Name and Title: Lora Damiani - President	Name and Title: Address: Name and Title:
Name and Title: Name and Title: Lora Damiani - President	Name and Title: Address: Name and Title:
Name and Title: Name and Title: Lora Damiani - President	Name and Title: Address: Name and Title: Address: Address:
Name and Title: Name and Title: Address Name and Title: Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:
Name and Title: Name and Title: Lora Damiani - President	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:
Name and Title: Name and Title: Address Name and Title: Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:

Name and Titl	e:	Name and Title:	
Address		Address:	
ARTICLE VI REGI			
The name and Florida	street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Lora Damiani		
Address:	97270 Overseas Highway		
	Key Largo, Florida 33037		
ARTICLE VII INCO	ORPORATOR		
The name and address	e of the Inverserator is:		
The name and address			
Name: _	Lora Damiani	u	
Address:	97270 Overseas Highway	_ 	
	Key Largo, FLorida 33037		
			
ARTICLE VIII EFF	FECTIVE DATE:		
Effective date, if other	than the date of filing:		
(If an effective date is filing.)	s listed, the date must be specific and ca	nnot be more than five da	ays prior or 90 days after the
	ted in this block does not meet the applicative date on the Department of State's recon		ements, this date will not be listed as
Having been named as certificate, I gm familio	registered agent to accept service of proce ar with and accept the appointment as regi	ss for the above stated corp istered agent and agree to a	oration at the place designated in this act in this capacity
Low	Damiani		april 20 2012
	Required Signature/Registered Agent		Date
I submit this documen	nt and affirm that the facts stated herein	are true. I am aware that	the false information submitted in a
document to the Depar	tment of State constitutes a third degree fe	lony as provided for in s.8?	17.155, F.S.
\mathcal{L}	(/)		12 27 200
Required Signature/Inc	corporator		Date Date
. <u>-</u>			
			орн: 12: S