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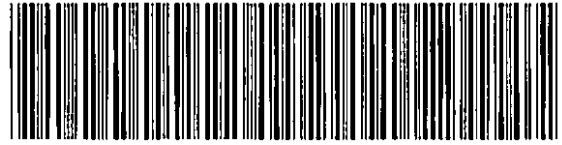
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB -3 PM 3:41

MICHAEL ALLEN AZRE, LPA, INC.

2460 Fairmount Blvd., Ste. 210, Cleveland Heights, OH 44106 | 216-678-4097 | maa@mazrelaw.com

VIA FEDERAL EXPRESS

Emani Manning

Regulatory Specialist II

Florida Department of State

Division of Corporations

2415 North Monroe St., Ste. 810

Tallahassee, FL 32303

emani.manning@dos.fl.gov

RE: Ohio Legal Professional Association Michael Allen Azre, LPA, Inc.'s Registration to Conduct Business in Florida; Florida Secretary of State, Division of Corporations Document No. W25000000305 (Rejected Filing)

January 31, 2025

Dear Ms. Manning:

Pursuant to our January 9, 2025 electronic mail correspondence and follow-up correspondence on January 24 and 29, 2025, please find enclosed a check in the amount of \$300.00 to pay annual report fees for 2023 and 2024. Should your office require anything further from my Ohio law firm to complete its registration to business in Florida, please let me know via email at maa@mazrelaw.com or via phone at 216-678-4097. In the event that you finally receive a January 16, 2025 U.S. Mail letter from me with an identical check for \$300.00 enclosed, please disregard the same and destroy the check.

Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Azre", with a long horizontal flourish extending to the right.

Michael A. Azre, Esq.

Enclosure

RECEIVED

FEB 03 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Allen Azre, LPA, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael A. Azre, Esq.

Name of Person

Michael Allen Azre, LPA, Inc.

Firm/Company

2460 Fairmount Boulevard, Suite 210

Address

Cleveland Heights, Ohio 44106

City/State and Zip code

maa@mazrelaw.com

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

For further information concerning this matter, please call:

Michael A. Azre, Esq. at (216) 678-4097
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Michael Allen Azre, LPA, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/7/22 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/18/22
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2460 Fairmount Boulevard, Suite 210, Cleveland Heights, Ohio 44106
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Legal Assets, Inc.

Office Address: 9130 South Dadeland Boulevard, Suite 1209

Miami _____, Florida 33156
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*

Richard M. Zelman

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB -3 PM 3:4

A. DIRECTORS

☐ Chairman Name: Michael A. Azre, Esq.
☐ Vice Chairman Address: 2460 Fairmount Boulevard
☒ Director Suite 210
☒ President Cleveland Heights, Ohio 44106
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Sole Shareholder ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. /s/Michael A. Azre
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Michael A. Azre, Esq., Sole Shareholder, Director, and President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MICHAEL ALLEN AZRE, LPA, INC., an Ohio professional corporation, Charter No. 4918216, having its principal location in Cleveland, County of Cuyahoga, was incorporated on September 7, 2022 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of January, A.D. 2025.*

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202500803340