

P14 DDDD 20378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

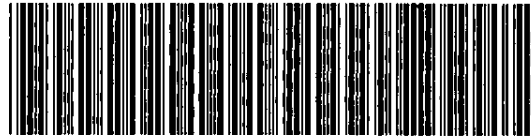
(Document Number)

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DIVISION OF CORPORATIONS
14 MAR -3 AM 11:10

COVER LETTER

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

SUBJECT: Marcos Puente 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marcos Puente
Name (Printed or typed)

5201 Blue Lagoon Drive Ste 100
Address

Miami, FL 33126
City, State & Zip

(786) 522-7047
Daytime Telephone number

mpuente001@gmail.com
E-mail address: (to be used for future annual report notification)

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: Marcos Puente P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5201 Blue Lagoon Dr Ste 100

Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcos Puente - President Name and Title: _____

Address 5201 Blue Lagoon Drive Address: _____

Ste 100 _____

Miami, FL 33126 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(conti.)

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: Marcos Puente
 Address: 5201 Blue Lagoon Drive Ste 100
Miami, FL 33126

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ARTICLE VII INCORPORATOR

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

Name: Marcos Puente
 Address: 5201 Blue Lagoon Dr Ste 100
Miami, FL 33126

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

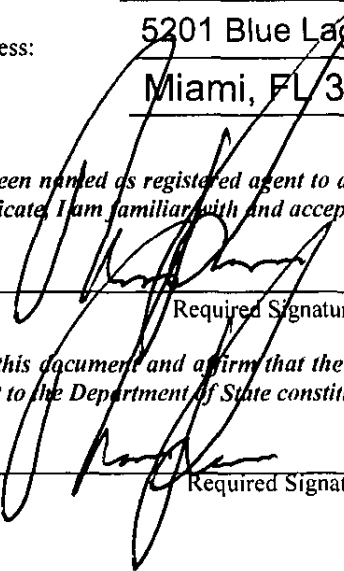


 Required Signature/Registered Agent

2/27/2014

 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

2/27/2014

 Date