

PA000025027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

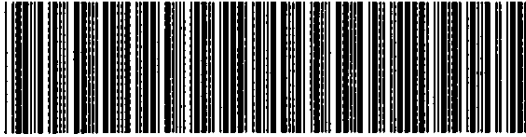
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: florida.doc Inc.
(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: Cristina Cesana
Name (Printed or typed)
100 Lincoln Rd apt 719
Address
Miami Beach, Fl 33139
City, State & Zip
786-514-8150
Daytime Telephone number
c.cesana@mediotempore.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: florida.doc Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1600 Euclid Ave suite 103
Miami Beach, Fl 33139

Mailing address, if different is:

100 Lincoln Rd apt. 719
Miami Beach, Fl 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: property management

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cristina Cesana - President

Name and Title: _____

Address 100 Lincoln Rd apt.719

Address: _____

Miami Beach, Fl 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(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: Cristina Cesana
 Address: 100 Lincoln Rd apt.719
Miami Beach, Fl 33139

ARTICLE VII INCORPORATOR

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

Name: Cristina Cesana
 Address: 100 Lincoln Rd apt.719
Miami Beach, Fl 33139

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

03/14/2014

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

03/14/2014

Date

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