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2019 HAR I 4 PH 3: 03

COVER LETTER

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

SUBJECT: DA	YSY GONZALEZ LOPEZ P.A				
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
•	0 ☐ \$78.75 re Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	DAYSY GONZALEZ LOPEZ Name (Printed or typed)				
	10045 SW 170 TERRACE				
	Address				
	MIAMI FL 33157				
	City, State & Zip				
	786 610 8846				
	Daytime Telephone number				
	READYTAXCORP@GMAIL.COM	1.0			
	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)

The name of the corporat	tion shall be: DAYSY GONZALEZ LOPEZ			
ARTICLE II PRINC	TIPAL OFFICE Principal <u>street</u> address		Mailing address, i	f different is:
MIAMI FL 33157				
•				
ARTICLE III PURPO The purpose for which the	DSE REAL ESTA the corporation is organized is:	ATE —-		
ARTICLE IV SHARI The number of shares of				2019 HAR 14 SECRETAR TALLAHA
	L OFFICERS AND/OR DIRECTORS			IL PM
Name and Title Address	DAYSY GONZALEZ LOPEZ - President 10045 SW 170 TERRACE		e:	## 3: 0 FLATA
	MIAMI FL 33157	- Addiess.		<u> </u>
		-		
Name and Title:		Name and Title	e:	
Address				
Name and Title:		Name and Title	e:	
Address		_ Address:		
		-		

Name a	nd Title:	Name and Title:
Addres	:s	Address:
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT acceptable DAYSY GONZALEZ LOPEZ) of the registered agent is:
_	10045 SW 170 TERRACE	
	MIAMI FL 33157	2019 SEC TI
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	2019 MAR IL PM 3: 03 SECRETARY OF STATE TALLAHASSEE, FL
The name and a	address of the Incorporator is:	ASS 2 M
Name: Address:	DAYSY GONZALEZ LOPEZ	See 3 O
	10045 SW 170 TERRACE	TATE FL
	MIAMI FL 33157	<u> </u>
Effective date, i (If an effective filing.) Note: If the dat		. (OPTIONAL) not be more than five days prior or 90 days after the ole statutory filing requirements, this date will not be listed as s.
	I am familiar with and accept the appointment as	
· · · · · · · · · · · · · · · · · · ·	Required Signature/Registered Agent	03/07/2019
document to the	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a
	uired Signature/Incorporator	03/07/2019
Requ	uired Signature/Incorporator	Date