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4/26/2 Divisio Corpora s

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
CARLOS PENARANDA PEREZ P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

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: Carlos Peñaranda Perez P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 13499 Biscayne Blvd. STE. T3 Mailing address, if different is:
North Miami Fl. 33181

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Sales Associate Real State

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Peñaranda Perez (P)
Address 11855 NE 19 DR, apto #20 North Miami Fl. 33181

Name and Title: Address:

Name and Title: Address:

Name and Title: Address:

Name and Title: Address:

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: Carlos Penaranda Perez

Address: 11855 NE 19 Dr. apt #20
North Miami, FL 33181

ARTICLE VII INCORPORATOR

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

Name: Carlos Penaranda Perez

Address: 11855 NE 19 Dr. apt #20
North Miami, FL 33181

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 04-23-2021

Required Signature/Registered Agent 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.

_____ 04-23-2021

Required Signature/Incorporator Date