

P03000049369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

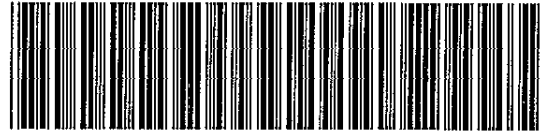
(Document Number)

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W03-6691

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B.*

TRANSMITTAL LETTER

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

Roberto Garcia, PA

SUBJECT: _____

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____ Roberto Garcia
Name (Printed or typed)

_____ 2485 Huron Court Circle
Address

_____ Kissimmee, Florida 34746
City, State & Zip

_____ 407 343-5998
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 14, 2003

Please Correct Address

ROBERTO GARCIA
2485 HURON COURT *Circle*
KISSIMMEE, FL 34746

SUBJECT: ROBERTO GARCIA, P.A.
Ref. Number: W03000006691

We have received your document for ROBERTO GARCIA, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

* The specific nature of business of the professional association must be stated in the document.

Corrected

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 303A00022225

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY -5 PM 12:36

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
2008 MAY -5 PM 2:23

ARTICLE I NAME

The name of the corporation shall be:

Roberto Garcia, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2485 Huron Circle
Kissimmee, Florida 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Nature - Real Estate Agent

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Roberto Garcia P/S/T/D

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Roberto Garcia
2485 Huron Circle
Kissimmee, Florida 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roberto Garcia
2485 Huron Circle
Kissimmee, Florida 34746

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

Rob Garcia
Signature/Registered Agent

04/30/08
Date

Rob Garcia
Signature/Incorporator

04/30/08
Date