

P04000/32153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

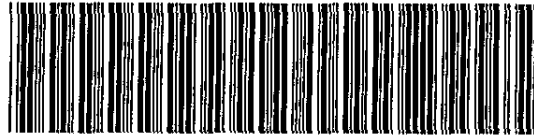
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400041163944

09/21/04 -- 01045 -- 020 **122.50

09/21/04
159/21/04

159/21/04

TRANSMITTAL LETTER

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

SUBJECT: Gabriel Acosta P.A.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_____

FROM: Gabriel Acosta P.A.

Name (printed or type)

13450 SW 26 Street

Address

Davie, Fl. 33325

City, State & Zip Code

954-434-1181

Telephone number

Note: Please provide the original and one copy of the Articles.

NOTARIAL PUBLIC
STATE OF FLORIDA
April 21 PM 3:30

ARTICLES OF INCORPORATION

The undersigned incorporator (s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Gabriel Acosta P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13450 SW 26 Street
Davie, Fl. 33325

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gabriel Acosta
13450 SW 26 Street
Davie, Fl. 33325

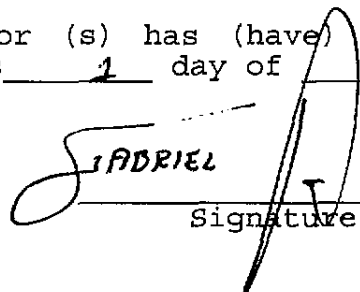
ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of incorporation is (are) :

Gabriel Acosta
13450 SW 26 Street
Davie, Fl. 33325

President/Secretary

signed incorporator (s) has (have) executed these Articles of incorporation this 1 day of SEPT. 2004

 GABRIEL ACOSTA
Signature

ARTICLE VI / CORPORATION ACTIVITY

The activities of the corporation will be to engage in the processing of Real Estate mortgage services and Financial consulting services.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE
REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of corporation is Gabriel Acosta P.A.

Address of the corporation is 13450 SW 26 Street
Davie, Fl. 33325 33024

The name and address of the registered agent and office is:

Gabriel Acosta

Name

13450 SW 26 Street

P O Box or Mail Drop Not acceptable)

Davie, Fl. 33325

(City / State / Zip)

04 SEP 21 01 3:26
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept services of
process for the above stated corporation at place designated in
this certificate. I hereby accept the appointment as registered
agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relating to the proper and
complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

GABRIEL T COSTA
(Signature)

SEPT 1, 2004
(Date)

DIVISION OF CORPORATION, P O BOX 6327, TALLAHASSEE, FL. 23214