

P05000120 800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

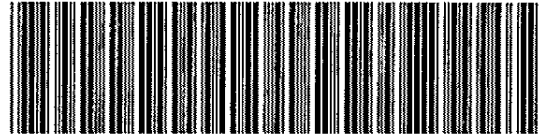
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.8.8

## TRANSMITTAL LETTER

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

SUBJECT: Roberto Rodriguez P.A.  
(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

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Roberto Rodriguez  
Name (Printed or typed)

1570 Madrugada Avenue #400  
Address

Carol Gables FL 33146  
City, State & Zip

(305) 815-5777  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 19, 2005

ROBERTO RODRIGUEZ  
1570 MADRUGA AVE., STE. 400  
CORAL GABLES, FL 33146

SUBJECT: ROBERTO RODRIGUEZ P.A.  
Ref. Number: W05000039423

We have received your document for ROBERTO RODRIGUEZ P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 605A00053045

**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:

Roberto Rodriguez P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1570 Madruga Avenue # 400  
Coral Gables, Fl. 33146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

New Business / REAL ESTATE SALES

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares @ no Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Roberto Rodriguez  
16291 S.W. 62nd Terrace  
Miami, Fl. 33193

President/Director

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Roberto Rodriguez  
16291 S.W. 62nd Terrace  
Miami, Fl. 33193

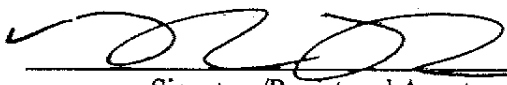
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Roberto Rodriguez  
16291 S.W. 62nd Terrace  
Miami, Fl. 33193

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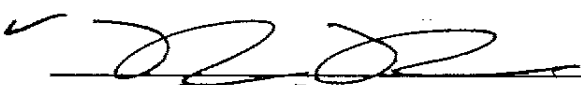
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/12/05

Date



Signature/Incorporator

8/12/05

Date

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