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## COVER LETTER

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

## SUBJECT: FLORIDA LAND CONNECTION, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Cop & Certificate Status ADDITIONAL COPY REQUIRED	
FROM: FIRMUS BUSINESS SOLUTIONS, INC.  Name (Printed or typed)		
8100 SW 19 ST	Address	
MIAMI, FLORIDA 33155 City, State & Zip		
(305) 775-3362 Daytime To	elephone number	

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

## **Articles of Incorporation**

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

ARTICLE I NAME
The name of the corporation shall be:
FLORIDA LAND CONNECTION, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of the corporation shall be:

14362 SW 180 Ter Miami, Fl 33177

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any on 1,000 – (One thousand)

ARTICLE IV INITIAL REGISTERED AGENT

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

Carlos L Obregón 8100 SW 19 ST Miami, FL 33155

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Augusto J. Cosio 14362 SW 180 Ter Miami, Fl 33177

ARTICLE VI OFFICERS

The initial officers of this corporation is/are:

Co-President: Augusto J. Cosio Co-President: Rafael A. Luaces

ARTICLE VII DATE OF INCORPORATION

The existence of the corporation shall commence as of:

Date of this filing

Signature of Incorporator

Date:

12-7-05

Having been named as registered agent and to accept service of process for the above stated corporation at the 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

Signature of initial registered agent

Date: