

P10000092598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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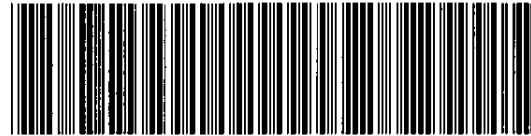
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 15 2010

W10-47232
691

COVER LETTER

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

SUBJECT: a Monica Cintron, 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: a Monica Cintron
Name (Printed or typed)

a 1500 Bay Rd. # L44
Address

a Miami Beach, FL 33139
City, State & Zip

a 305-562-4747
Daytime Telephone number

a mcintron@worldwideds.com
E-mail address: (to be used for future annual report notification)

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CLERK OF STATE
TALLAHASSEE, FL 32314

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

November 8, 2010

Department of State
Division of Corporations
Attn: Justin M. Shivers
(850) 245- 6929

I, Monica Cintron, am not planning on reinstating MONICA CINTRON, PA
Document Number P09000085147.

I hereby release the name of the corporation.

If you have any questions don't hesitate in contacting me.

Regards,



Monica Cintron
305-562-4747

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TALLAHASSEE, FLORIDA

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: Monica Cintron, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1500 Bay Rd # L44
Miami Beach, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Licensed Real Estate Associate
FEI/EIN: 80-0491537

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Cintron "President" Name and Title: _____

Address: 1500 Bay Rd # L44 Address: _____
Miami Beach, FL 33139

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Monica Cintron
Address: 1500 Bay Rd # L44
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Cintron
Address: 1500 Bay Rd # L44
Miami Beach, FL 33139

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]
Required Signature/Registered Agent

10/4/10
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.

[Signature]
Required Signature/Incorporator

10/4/10
Date

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TALLAHASSEE, FLORIDA