

P110000039585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

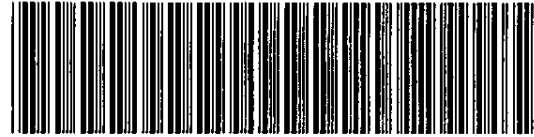
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500200890045

04/22/11--01020--021 **78.75

FILED
2011 APR 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
425-11

COVER LETTER

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

SUBJECT: Sandy Mata 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: **SANDY MATA**

Name (Printed or typed)

350 S. MIAMI AVE. #PH2-13

Address

MIAMI, FL 33130

City, State & Zip

305-793-4290

Daytime Telephone number

sandyvmata@gmail.com ✓

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 22 PM 2:30

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Sandy Mata P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
350 S. MIAMI AVE. #PH2-13
Miami, FL 33130

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Real Estate professional services

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Sandy Mata, Manager**
Address: **350 S. MIAMI AVE. #PH2-13**
Miami, FL 33130

Name and Title: _____
Address: _____

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:

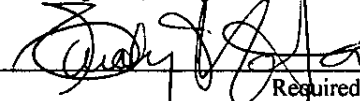
Name: **Sandy Mata**
Address: **350 S. MIAMI AVE. #PH2-13**
Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

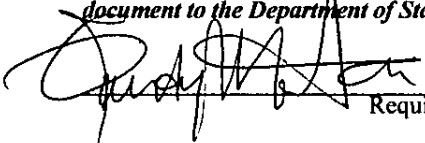
Name: **Sandy Mata**
Address: **350 S. MIAMI AVE. #PH2-13**
Miami, FL 33130

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


Required Signature/Registered Agent

4/10/11
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.


Required Signature/Incorporator

4/10/11
Date

FILED
2011 APR 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA