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COVER LETTER

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

SUBJECT: Karel Costa-Armas,	P.A.
(PROPOSED CORPO	DRATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
\$70.00 \$78.75	\$78.75
Filing Fee Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy & Certificate of
	Status
	ADDITIONAL COPY REQUIRED
FROM: <u>Karel Costa-Armas</u>	(Drinted on turned)
N	Name (Printed or typed)
111 SW 30th road	₹ ₀ 26
TH OW John Load	Address JUN 3
Miami, FL 33129	<u> </u>
(City, State & Zip
700 005 0005	ANNED
786-205-3235	ne Telephone number
24,00	ne Telephone number
<u>karelcosta73@aol.cor</u>	used for future annual report notification)
F-mail address: (to be	used for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the	corporation shall be:	is, P.A.	
ARTICLE II	PRINCIPAL OFFICE		
<u> </u>	Principal street address	Mailing add	dress, if different is:
	111 W 30th road		
	Miami, FL 33129		
ARTICLE III	which the corporation is organized is:		
Manageme	nt services of homeowner and co	ondominium associations.	
ARTICLE IV The number of s	SHARES hares of stock is 1		
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	
	Title: Karel Costa-Armas		
Address:	111 SW 30th road	Address:	
	Miami, FL 33129		
Nama and	Title:n/a	Name and Title:	
Address:	The IVA	Address: n/a	
7 Iddi V 33.			
	Title: n/a	Name and Titlen/a	
Address:		Address:	
			
~			
ARTICLE VI	REGISTERED AGENT		
The <u>name and I</u>	Florida street address (P.O. Box NOT accept		¥ 20
Name:	Karel Costa-Armas		
Address:	111 SW 30th road		ZOLL JUN
	Miami, FL 33129		
ARTICLE VII	INCORPORATOR		တို့ မေ
	address of the Incorporator is:		m0 · 11
Name:	Karel Costa-Armas		ign Till Till I was
Address:	111 SW 30th road		₽_ 'ÿ
Miami	Mamil FL 33129		ω
## .* #		Conservation that the state of some	
Having been na this contificate. I	med as registered agent to accept service of am familiar wall and accept the appointmen	f process for the above stated corpor nt or registered agent and caree to ac	uuon ai ine piace aesignaieu in
ins cerujicaie, y	and accept the appointment	State of the state	. III III Capacity
	May 1		June 8th, 2011
	Required Signature/Registered Ag	vont	Date
	Required Signature Registered Ag	· .	Date
I submit this/do	cumple and affirm that the facts stated he	rein are true. I am aware that the f	alse information submitted in a
	Maginent of State constitutes a third degr		
No.			
////	14-1		June 8th, 2011
1/0	Required Signature/Incorporate	or	Date