## P11000073177

(Re	equestor's Name)	·
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CHREORATION

on 8/10/11

## **COVER LETTER**

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

UBJECT: JULIO A ORTIZ, INC (PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
nclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 Filing Fee  & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED
FROM: JULIO A ORTIZ	ne (Printed or typed)
2330 WELLINGTON GE	
WELLINGTON, FL 334	114 7, State & Zip
407-468-6101 Daytime	Telephone number
E-mail address: (to be us	ed for future annual report notification)

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

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

SECRETARY OF STATE DIVISION OF CORPORATION

4 10 10 10 10 10 10 10 10 10 10 10 10 10	WALES		SPRP()
ARTICLE I The name of the con		2011 AUG 15	) PM
ARTICLE II	PRINCIPAL OFFICE		• • • •
<u></u>	Principal street address	Mailing address, if different is:	
23	30 WELLINGTON GREEN DR. APT 109		
W	FLLINGTON, FL 33414		
RTICLE III F			
	ich the corporation is organized is:		
		PERTY, RESIDENTIAL AND COMMER	CIAL
		CES RELATED TO ADMINISTRATION,	
		ADDITIONALLY THIS CORPORATION	
		ACTIVITY OF BUSINESS PERMITTED	,
	LAW OF THE UNITED STATES AND	THE STATE OF FLORIDA.	
RTICLE IV	SHARES Se of stock is: 100 SHARES OF COMMON	N STOCK - NOMINAL VALUE OF \$1.00	FAC
He improved of suste	SOI SWEEK IS, 700 OF IAFTED OF COMMITTEE	1010011 11011111111111 771202 01 01.00	
	INITIAL OFFICERS AND/OR DIRECTORS		
	10: JULIO A UKITZ, PRES. TREA, SECT	Name and Title:	
Address:	2330 WELLINGTON GREEN DR. APT 109 WELLINGTON, EL 33414		
	WELLINGTON, EL 33414		
	le:	Name and Title:	
Address:		Address:	
			—
	le;	Name and Title:	
Address:		Address:	
			<del></del>
	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) of t	the registered agent is:	
Name: Address:	JULIO A ORTIZ 2330 WELLINGTON GREEN DR. APT 10	20	
Addi 635.	WELLINGTON FL 33414		
	INCORPORATOR		
	ress of the Incorporator is:		
Name: Address:	JULIO A ORTIZ	•	
Address;	2330 WELLINGTON GREEN DR. APT 109 WELLINGTON, FL 33414	9	
	WELLINGTON, FL 33414		
		for the above stated corporation at the place design	ated in
his certificate, I ap	familiar with and accept the appointment as regis	stered agent and agree to act in this capacity	
		AUGUST 10, 20	11
	Required Signature/Registered Agent	Date	<u>.,                                    </u>
	/	Date	
submit this docum	fent and affirm that the facts stated herein are t	true. I am aware that the false information submitt	ed in a
ocument to the De	partment of State constitutes a third degree felony	as provided for in s.817.155, F.S.	
	)		
1		AUGUST 10, 20	)11
	Required Signature/Incorporator	Date	