

Division of Corporations Page 1 of 1
P12000023417

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

RECEIVED MAR 8 2012

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I2000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ORLANDO OSORIO PA**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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3/9/12



March 8, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC

SUBJECT: ORLANDO OSORIO PA
REF: W1200013411

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000057231
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

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ARTICLE I NAME ORLANDO OSORIO P.A
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
15480 SW 31ST LANE
MIAMI, FL 33185

Mailing address, if different is:
PO BOX 770305
MIAMI, FL 33177

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL STATE SALES

ARTICLE IV SHARES
The number of shares of stock is: **1000 SHARES AT NO PART VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PRESIDENT</u>	Name and Title: _____
Address: <u>ORLANDO OSORIO</u>	Address: _____
<u>15480 SW 31ST LANE</u>	_____
<u>MIAMI, FL 33185</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: ORLANDO OSORIO
Address: 15480 SW 31ST LANE
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORLANDO OSORIO
Address: 15480 SW 31ST LANE
MIAMI, FL 33185

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

 03/06/12
Required Signature/Registered Agent 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.817.135, F.S.

 03/06/12
Required Signature/Incorporator Date