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12 MAY -7 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Burch MAY 8 2012

## COVER LETTER

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

**SUBJECT: PRADO REALTY SERVICES, INC.**

(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: MARIA RUIZ DEL VIZO**

Name (Printed or typed)

**16722 NW 78 CT**

Address

**MIAMI LAKES, FLORIDA 33016**

City, State & Zip

**786-312-5231**

Daytime Telephone number

**PRADOREALTYSERVICES@GMAIL.COM**

E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be:

**PRADO REALTY SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4255 NW 128 STREET  
OPA LOCKA, FLORIDA 33054

Mailing address, if different is:

8423 REDNOCK LANE  
MIAMI LAKES, FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**REAL ESTATE TRANSACTIONS**

**ARTICLE IV SHARES**

The number of shares of stock is: **10**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA RUIZ DEL VIZO  
Address: 16722 NW 78 CT  
MIAMI LAKES, FL 33016

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: MARIA RUIZ DEL VIZO  
Address: 16722 NW 78 CT  
MIAMI LAKES, FLORIDA 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA RUIZ DEL VIZO  
Address: 16722 NW 78 CT  
MIAMI LAKES, FL 33054

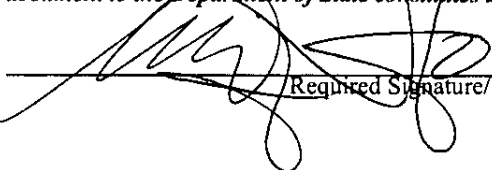
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

05/03/12  
\_\_\_\_\_  
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

5/03/12  
\_\_\_\_\_  
Date

FILED  
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TALLAHASSEE, FLORIDA