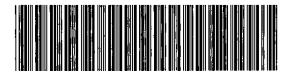
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmos Sharf Name,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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12 MAY 29 AM II: 33

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COVER LETTER

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

SUBJECT: <u>Cedilia Cuenca P.A.</u>		
(PROPOSED CORPORATE 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 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
	4	
FROM: Maria E. Ruiz Name (Printed or typed)		
7750 S.W. 117 Are # 201F Address	12	i Se
Miami FC 33183 City, State & Zip	2 MAY 29	
305-595-2407 Daytime Telephone number	AH 11: 33	LED Y OF STATE ORPORATION
E-mail address: (to be used for future annual report notification)	εε	TOUS

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

母色CEIVED 12 MAY 29 PH 1:30

传说""别"的"最后,我们的"大"的"大"。

May 15, 2012

MARIA E. RUIZ 7750 SW 117 AVENUE #201F MIAMI, FL 33183

SUBJECT: CECILIA CUENCA P.A. Ref. Number: W12000022873

We have received your document for CECILIA CUENCA P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 012A00014414

12 MAY 29 AMIL 22



RECEIVED 12 MAY 14 PH 4: 18

SECRETARY OF STATE TALLARESSIVE, H.ORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2012

MARIA E. RUIZ 7750 SW 117 AVENUE #201F MIAMI, FL 33183

SUBJECT: CECILIA CUENCA P.A. Ref. Number: W12000022873

We have received your document for CECILIA CUENCA P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 812A00012676

12 MAY 29 AM II: 33

SECRETARY OF STATE CORPORATIONS

12 MAY 29 AM II: 33

March 29, 2012

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

Re: Cecilia Cuenca P07000085962

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305-595-2407.

Sincerely,

Cecilia Cuenca

A	In compliance with (CLES OF INCORPO		S (Profit) SERVE FILEU
		mapter 607 and/or C	mapter 021, r.	S. (Profit) SECRETARY OF STATE NOTE: NOTE CORPORATE
RTICLE I Note the name of the corporate	Pration shall be:	ia Chend	a P.A.	TO CORPURATE
•				12 MAY 29 AM 11: 33
RTICLE II P.	RINCIPAL OFFICE Principal street address		M	
	2246 3.W. 147	C+		Iailing address, if different is:
<u></u>	liami, FL 33185			mi, FL 33183
		<u> </u>		
RTICLE III PO	TRPOSE h the corporation is organized	is:		
Any Real	and all Legal estate transaction	Business/	Real Es	tate sales + Rentals
EIN + 26-				
RTICLE IV Since he number of shares	HARES of stock is: しゅきす	1.00 -a.		
R <u>TICLE</u> V IN	IITIAL OFFICERS AND/O	R DIRECTORS		
Name and Title	Cecilia Cuenca	Pres. Na	me and Title:_	
Address:	2246 S.W. 147	<u>C+. </u>	dress:	
	miani, FC 3 318	<u> </u>		
Name and Title:		Na	me and Title:_	
		Ad	dress:	
Name and Title		-	— me and Title:	
Address:		Ad	dress:	
				<u>.</u>
			_	
	GISTERED AGENT			
	a street address (P.O. Box NO	racceptable) of the re	egistered agent	is:
Name:	Cecilia Chenca			
Address:	2246 S.W. 147 Miami FG 331	<u>CF.</u> a s		
	1400m, 15 331	03		
RTICLE VII IN	CORPORATOR			
	s of the Incorporator is:			
Name:	<u>Cecilia Chenca</u>			
Address:	2246 S.W. 147 Miam: FC 33			
aving been named o is certificate, I am fa	is registered agent to accept se miliar with and accept the app	rvice of process for to intment as registered	the above state d agent and ag	d corporation at the place designated in ree to act in this capacity
Gial.	Required Signature/Registe			4/30/12
	Required Signature/Registe	ered Agent		Date
submit this docume		ited herein are true.		hat the false information submitted in a s.817.155, F.S.

Required Signature/Incorporator