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2012 MAY 31 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 01 2012

## COVER LETTER

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

**SUBJECT:** CLAUDIA VILLAR, P.A.

(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:** CLAUDIA VILLAR

Name (Printed or typed)

6899 COLLINS AVE., N801

Address

MIAMI BEACH, FL 33141

City, State & Zip

305.873.3335

Daytime Telephone number

CVILLAR80@ME.COM

E-mail address: (to be used for future annual report notification)

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

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2012 MAY 31 AM 9:15  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

CLAUDIA VILLAR, P.A.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6899 COLLINS AVE., N801  
MIAMI BEACH, FL 33141

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
LICENSED FLORIDA REAL ESTATE SALE & PURCHASE COMMISSION

**ARTICLE IV SHARES 100**

The number of shares of stock is:

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

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____        | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |
| 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: CLAUDIA VILLAR  
Address: 6899 COLLINS AVE., N801  
MIAMI BEACH, FL 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLAUDIA VILLAR  
Address: 6899 COLLINS AVE., N801  
MIAMI BEACH, FL 33141

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

05/22/2012

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

05/22/2012

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 31 AM 9:15

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