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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : I20080000033

; (305)644-3055

Fax Number

: (305)644-3052

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

Ema11	Address:	. '	

FLORIDA PROFIT/NON PROFIT CORPORATION NATALIA BETANCUR, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

12 AUG 20 AM 9: 44

ARTICLE I NAME

The name of the corporation shall be: NATALIA BETANCUR, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal Address and Mailing Address:

500 BRICKELL AVE # 1203 MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **REALTOR**

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title:

PRESIDENT

Name:

NATALIA BETANCUR

Address.

500 BRICKELL AVE # 1203

MIAMI, FL 33131

ARTICLE VI REGISTERED AGENT

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

Name:

NATALIA BETANCUR

Address:

500 BRICKELL AVE # 1203

MIAMI, FL 33131

The name and address of the Incorporator is:

Name: Addr**e**ss: NATALIA BETANCUR

500 BRICKELL AVE # 1203 MIAMI, FL 33131

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

Date: August 20, 2012

Required Signature/Registered Agent

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.

Date: August 20, 2012

Required Signature/Incorporator