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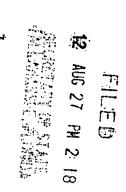
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COVER LETTER

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

SUBJECT: Hernandez Timeshare Collection Associates, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the art \$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Thais Hernandez	e (Printed or typed)
8004 N.W. 154 Street #-	429 Address
Miami Lakes, FL 33016	S ., State & Zip
Daytime [*]	Telephone number
thernandez2005@bellson	outh.net ed 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)

FILES

The name of the co	orporation shall be:		es, P.A. 22 AUG 27 PM 2
ARTICLE II	PRINCIPAL OFFICE		address, if different is:
	Principal street address	Mailing	address, if different is:
8	8004 N.W. 154 Street #429	same	
ľ	Miami Lakes, FL 33016		¥
ARTICLE III	DIPPOCE		
	which the corporation is organized is:		
The practice			
····o p···aooo			
ARTICLE IV	SHARES		
	res of stock is:100		
	INITIAL OFFICERS AND/OR DIRECT		
	itle: Thais Hernandez, President, Direc		-
Address:	8004 N.W. 154 Street #429		
	Miami Lakes, Fl_33016		
			
Name and T	itle:	Name and Title:	
Address:		Address:	
Name and T	isla	Nome and Title.	
Address:	itle:	Address:	
ridaless.			
	REGISTERED AGENT) out - 1	
Name:	rida street address (P.O. Box NOT acceptable		
Address:	The UPS Store .8004 NW 154 Street		
Addiess.	Miami Lakes, FL 33016		
	Wildliff Lakes, 1 L 33010		
RTICLE VII	INCORPORATOR		
he <u>name and ado</u>	<u>dress</u> of the Incorporator is:		
Name:	Thais Hernandez		
Address:	8004 NW 154 Street #429		
	Miami Lakes, FL 33016		
lavina heen nam	ed as registered agent to accept service of pro	coss for the above stated corr	poration at the place designated in
	m familiar with and accept the appointment as		
V	<i>(</i> 0) <i>(</i>)		act in this capacity
Geartha.	Required Signature/Registered Agent	HO E FREGUESIA	8/22/12
	Required Signature/Registered Agent		Date
	Required orginature Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the	e false information submitted in a
o <mark>cument t</mark> o the D	epainment of State constitutes a third degree fe	lony as provided for in s.817.1	155, F.S.
W M	N.J.	•	
Inanki	Haudes)		8/22/12
1	Required Signature/Incorporator		Date