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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : KRISJOENNA SERVICES, INC.
Account Number : 120080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
MARIA JIMENA CORRAL, P.A

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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9-18-12
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August 20, 2012

Florida Department of State

Attention: New Filings Section

To Whom It May Concern:

This is to advise you that the owners of MARIA JIMENA CORRAL, P.A, of Doc
P10000015286, are the same owners of the attached articles of incorporation. We
have dissolved the company and have no intention of reopening it.
Thank you for your help in this matter.

Maria J Corral
Very sincerely,

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: **MARIA JIMENA CORRAL, P.A**

ARTICLE II PRINCIPAL OFFICE

Principal Address and Mailing Address:

**5720 NW 113 PLACE
DORAL FL 33178**

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: **MARIA J. CORRAL**
Address: **5720 NW 113 PLACE
DORAL FL 33178**

ARTICLE VI REGISTERED AGENT

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

Name: **MARIA J. CORRAL**
Address: **5720 NW 113 PLACE
DORAL FL 33178**

The name and address of the incorporator is:

Name: **MARIA J. CORRAL**
Address: **5720 NW 113 PLACE
DORAL FL 33178**

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

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