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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIGUEL A. ESPINOZA, P.A.**

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|-----------------------|---------|
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Corporate Filing Menu

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October 4, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: MIGUEL A. ESPINOSA, P.A.
REF: W12000050985

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: E12000241698
Letter Number: 912A00024631

P.O. BOX 6327 - Tallahassee, Florida 32314

412000241698

ARTICLES OF INCORPORATION

OF

MIGUEL A. ESPINOSA, P.A.

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be:

MIGUEL A. ESPINOSA, P.A.

FILED
12 OCT -4 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32310

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**3905 SW 185TH TERRACE
MIRAMAR, FL 33029**

ARTICLE III PURPOSE

The purpose of this corporation shall be: **REAL ESTATE SALES**

ARTICLE IV CAPITAL STOCK

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock with a 0 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial Registered Agent of this corporation shall be:

**MIGUEL A. ESPINOZA
3905 SW 185TH TERRACE
MIRAMAR, FL 33029**

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the officers and board of directors shall be:

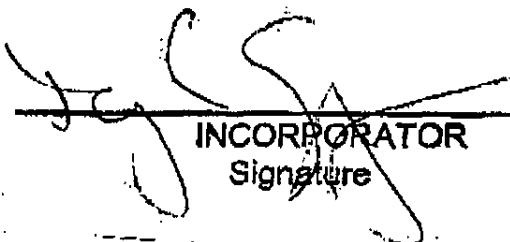
**PRESIDENT
MIGUEL A. ESPINOZA
3905 SW 185TH TERRACE
MIRAMAR, FL 33029**

ARTICLE VII INCORPORATOR(S)

The name and address of the incorporator(s) to these Article of Incorporation shall be:

**MIGUEL A. ESPINOZA
3905 SW 185TH TERRACE
MIRAMAR, FL 33029**

The undersigned has executed these Articles of Incorporation this 3rd day of OCTOBER, 2012.



INCORPORATOR
Signature

412000241698.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

MIGUEL A. ESPINOSA, P.A.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


REGISTERED AGENT

FILED

12 OCT -4 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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