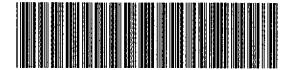
## P13000036804

(Requestor's Name)			
(Address)			
(Ac	ldress)		
, (Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	_ Certificates	of Status	
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13 APR 23 AM IO: 30
SECRETARY OF STATE
ALLAHASSEE, FLORID.

APR 24 2013 M. SOLOMON

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 13 APR 23 AM IO: 30
SECRETARY OF STATE
TALLAHASSEF, FLORIF

Enclosed is 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

.75 📮 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>JESSICA BEDOYA ADAMS</u>
Name (Printed or typed)

4140 CRAWFORD AVE

MIAMI, FL 33133 City, State & Zip

954-292-3792

Daytime Telephone number

iessica @ rileusmithanus.com E-mail address: (to be used 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)

	<u>ME</u>		
The name of the corpor	ation shall be: SESSICA 85	DOYA ADAMS, P.	A.
ARTICLE II PR	INCIPAL OFFICE	•	
	Principal street address	Mailing addr	ress, if different is:
4140 CRAWS	FORD AVENUE		
MIAMI F	L 33133		
ARTICLE III PU			
The purpose for which	the corporation is organized is:	<del></del>	
TO CONDUC	T AND PROVIDE PROFES	Stonal Real Esta	TTE SERVICES
A N N TO AA	SACTIONS FOR CLENTELE		
AND TICAN	SACTIONS FOIL CHAPTELL	•	<del></del>
			ACE 35 E
	A PROMOTE AND TO A PROMOTE		ARR T
<u> </u>			ARY SEE
			im'
ARTICLE IV SH	ARES		AH IQ.
The number of shares of	f stock is: \OO	<del></del>	9:30 9:30 9:30
			DA PA
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	RS	·
Name and Tit	le: JESSICA BLDOYA ADAMS, P.	Name and Title:	
Address	4140 CRAWFORD AVE.	Address:	
	MIAMI, FL 33133		
		<u></u>	
Name and Titl	e;	Name and Title:	
Address		Address:	
		<del> </del>	<del>/</del>
Name and Titl	e:	Name and Title	
			····
Address	, , , , , , , , , , , , , , , , , , , ,	Address:	···
		<del>-</del>	

Name and	I Title:	Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of	the maintaged ecout in		
i ne <u>name and Fi</u>	orium street aduress (F.O. Box NOT acceptable) of	the registered agent is:		
Name:	JESSICA BEDOYA ADAMS	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
Address:	HIHO CRAWFORD AVENUE			
	MIAMI FL 33133	SSE 23		
ARTICLE VII	INCORPORATOR	AHIO: 30 OF STATE E. FLORIDA		
The name and ad	dress of the Incorporator is:	76 10A		
Name:	JESSICA BEDOYA ADAMS			
Address:	4140 CRAWFORD AVENUE			
	MIAME, FL 33133			
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				
()6	Required Signature/Registered Agent	04/19/2013		
7	Required Signature/Registered Agent	Date		
	iment and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a var provided for in s.817.155, F.S.		
05	Required Signature/Incorporator	04   19   2013 Date		