## P13000080865

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

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## **COVER LETTER**

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

Tallanassee, FL 323	314		
SUBJECT: Mirt	a Perez PA (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	lirta Perez		
	Nam	e (Printed or typed)	
10	045 SW 9 Court		
	1112	Address	<u> </u>
M	iami FL 33130		
<del>-</del>	City,	State & Zip	

786 443 9111

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

mperez@cervera.com
E-mail address: (to be used for future annual report notification)



September 18, 2013

MIRTA PEREZ 1045 SW 9TH COURT MIAMI, FL 33130

SUBJECT: MIRTA PEREZ PA Ref. Number: W13000051902

We have received your document for MIRTA PEREZ PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Clarify the "Purpose" for which the license was issued.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 413A00021962

www.sunbiz.org

District of Compactions D.O. DOV 6297 Tellaharras Florida 2921

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

ARTICLE II PRINCIPAL OFFICE Principal street address 1492 South Miami Ave Miami FL 33130		Mailing address, it		s:	
		Miami FL 33130			
RTICLE III PU	RPOSE at the corporation is organized is:	state self ampleymen	#MR	13 SEP 2	A sale
		,	SSEE. S	27 AM	-
			STATE LORIDA	9: 09	
ETICLE IV SP	IARES of stock is:				
e number of shares	of stock is: \frac{1}{1}  ITIAL OFFICERS AND/OR DIRECTOR the: Mirta Perez President	RS Name and Title:			
e number of shares	of stock is:   ITIAL OFFICERS AND/OR DIRECTOR				
Name and Ti	of stock is: \frac{1}{10000000000000000000000000000000000	Name and Title: Address:  Name and Title:			
Name and Ti	of stock is: 1  ITIAL OFFICERS AND/OR DIRECTOR tle: Mirta Perez President 1492 South Miami Ave Miami FL 33130	Name and Title:  Address:  Name and Title:  Address:			
Name and Tit Address  Address	of stock is: 1  ITTIAL OFFICERS AND/OR DIRECTOR tle: Mirta Perez President 1492 South Miami Ave Miami FL 33130	Name and Title:  Address:  Name and Title:  Address:			

Name and	I Title:	Name and Title:			
Address	<del> </del>	Address:			
		.,			
ARTICLE VI	REGISTERED AGENT	ALLAS SECA			
The name and Flo	orida street address (P.O. Box NOT acceptable) of				
Name:	Mirta Perez	2000			
Address:	1492 South Miami Ave				
	Miami FL 33130	STATE 09:09			
ARTICLE VII	INCORPORATOR	75-			
The name and ad	dress of the Incorporator is:				
Name:	Mirta Perez				
Address:	1492 south Miami Ave				
· .	Miami FL 33130				
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  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					
	Department of State constitutes a third degree felong  Required Signature/Incorporator				