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(Re	equestor's Name)	
(Ád	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

3. 11 15/13 Office Use Only W13000063287



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COVER LETTER

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

SUBJECT: Maritza L. Salas P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status
		ADDITIONAL CO	

	ritza L. Salas Name (Printed or typed)
211	W. 33rd Street
	Address
Hial	eah, FL 33012
	City, State & Zip
305	-992-1911
	Daytime Telephone number

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)

ARTICLE I NAM The name of the corpora	Maritza L. Sala	s P.A.	
	NCIPAL OFFICE Principal street address Street	Mailing address, if	different is:
The purpose for which t	POSE he corporation is organized is:	Sell, Market, Real Es	state
			13
	TIAL OFFICERS AND/OR DIRECTO		13 DEC 12 PM 2: 20
Name and Title	Maritza L. Salas - Presid 211 W. 33rd Street	ETName and Title:	S X
Address	Hialeah, FL 33012	Address:	
Name and Title		Name and Title:	
Address		Address:	
Name and Title	:		
Address		Address:	

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Maritza L. Salas	_	. 0
Address:	211 W. 33rd Street	••	13 DI 15 IA 15 IA
	Hialeah, FL 33012	_	
ARTICLE VII	INCORPORATOR		ECORPORATIONS CORPORATIONS 2 PM 2: 20
The name and ad	dress of the Incorporator is:		STATE DRATION 2: 20
Name:	Maritza L. Salas	_	ONS E
Address:	211 W. 33rd Street	_	
	Hialeah, FL 33012	_	
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg		
Required Signature/Registered Agent		Date	e
I submit this doci document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information s ny as provided for in s.817.155, F.S.	ubmitted in a
9 November 2			
	Required Signature/Incorporator	Da	ite