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FLORIDA PROFIT/NON PROFIT CORPORATION  
JULIANA MOREJON, P.A.

Certificate of Status	0
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STATE  
TALLAHASSEE, FLORIDA

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February 13<sup>th</sup>, 2014

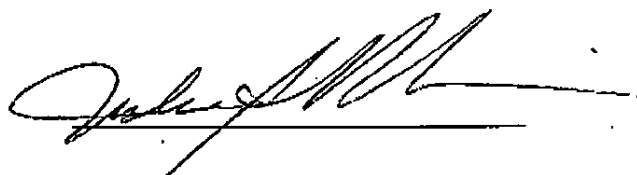
Florida, Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Juliana Morejon, P.A. of Doc # P00000034351 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.

Very Sincerely,



H14000037156

## 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: Juliana MOREJON, P.A.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4649 Ponce De Leon BLVD.  
STE 400  
CORAL Gables FL 33146

Mailing address, if different is:

421 SARTO AVE  
CORAL GABLES FL  
33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: REAL ESTATE SERVICES.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Juliana S. MOREJON (PRESIDENT)Address: 4649 Ponce De Leon BLVDSTE 400CORAL Gables FL 33146

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Juliana S. MOREJON

Address:

4649 Ponce De Leon Blvd Ste 400  
Coral Gables FL 33146**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Juliana S. MOREJON

Address:

4649 Ponce De Leon BLVD Ste. 400  
Coral Gables FL 33146

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

X

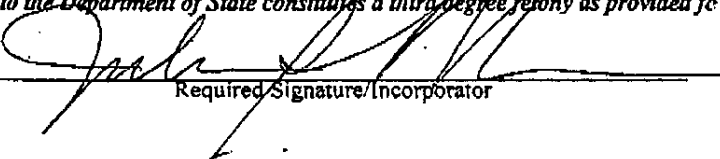
  
Required Signature/Registered Agent

02-13-14

Date

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.

X

  
Required Signature/Incorporator

02-13-14

Date

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