

P/40000/5669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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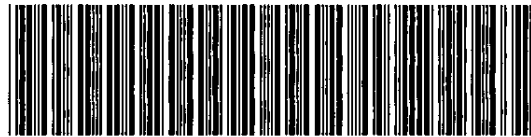
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB 18 AM 9:27  
TALLAHASSEE, FLORIDA

*R 02/20/14*

## COVER LETTER

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

SUBJECT: **NEW FLORIDA AVITA HOMES, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **ALDO OJEDA, ESQUIRE**

Name (Printed or typed)

**3705 N. HIMES AVE**

Address

**TAMPA, FLORIDA 33607**

City, State & Zip

**(813) 877-9500**

Daytime Telephone number

**aldolaw4502@aol.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)

**ARTICLE I NAME**

The name of the corporation shall be: NEW FLORIDA AVITA HOMES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1404 S. EVERGREEN AVE  
CLEARWATER, FLORIDA 33756

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any activity or business incidental to or related to the business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cirila Portillo-President/Secretary

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

Address 1404 S. EVERGREEN AVE  
CLEARWATER, FLORIDA 33756

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

Name and Title: Jesus Portillo-VP/Tresure

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

Address CLEARWATER, FLORIDA 33756

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

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

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

Address \_\_\_\_\_

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

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(conti.)

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: JESUS PORTILLO  
Address: 1479 S. MICHIGAN AVE  
CLEAWATER, FLORIDA 33756

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JESUS PORTILLO  
Address: 1479 S. MICHIGAN AVE  
CLEARWATER, FLORIDA 33756

*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

2/11/14  
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.*

  
Required Signature/Incorporator

2/11/14  
Date