

MAR/03

14/MAR/03

P. No.

P. 001

3/3/20

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ISMARIS M TEXIDOR, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 MAR -3 PM 12:17

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P. 002  
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DIVISION OF CORPORATIONS

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

14 MAR -3 PM 12:17

**ARTICLE I NAME**

The name of the corporation shall be: ISMARIS M TEXIDOR, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4298 NW 18TH ST

UNIT:11

MIAMI, FL 33126

Mailing address, if different is:

4298 NW 18TH ST

UNIT:11

MIAMI, FL 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PRACTICE IN REAL ESTATE

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

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

Name and Title: (PD) ISMARIS M TEXIDOR

Address

4298 NW 18TH ST

UNIT: 11

MIAMI, FL 33126

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

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

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

Address

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

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

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

Address

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

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

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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: ISMARIS M TEXIDOR  
Address: 4298 NW 18TH ST UNIT: 11  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ISMARIS M TEXIDOR  
Address: 4298 NW 18TH ST UNIT: 11  
MIAMI, FL 33126

*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

03/03/2014  
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

03/03/2014  
Date