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



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COVER LETTER

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

| _{SUBJECT:} Mai | rcos Puente P.A. | | |
|-------------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | d 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: N | larcos Puente | | |
| | | (Printed or typed) | |
| 52 | 201 Blue Lagoon | Drive Ste 10 | 0 |
| M | liami, FL 33126 | | |
| <u>(7</u> | 786) 522-7047 | State & Zip Selephone number | |
| | - | | |

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

mpuente001@gmail.com

E-mail address: (to be used for future annual report notification)

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

| The name of the corpo | ME Marcos Puente P. | A |
|---|---|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address 5201 Blue Lagoon Dr Ste 100 | | Mailing address, if different is: |
| Miami, FL-33 | | |
| ARTICLE III PU The purpose for which | RPOSE n the corporation is organized is: Real Es | state Sales |
| | | DIVISION 14 MAR |
| ARTICLE IV SF | HARES of stock is: | -3 AM II: 10 |
| | IITIAL OFFICERS AND/OR DIRECTOR Marcos Puente - President | S Name and Title: |
| | 5201 Blue Lagoon Drive | Name and Title: |
| | Ste 100 Miami, FL 33126 | |
| Name and Tit | le: | Name and Title: |
| Address | | Address: |
| | | |
| Name and Tit | le: | Name and Title: |
| Address | | Address: |
| | | |

| Name and | ! Title: | Name and Title: |
|-----------------------|---|--|
| Address | | Address: |
| ARTICLE VI | DECICATEDED ACENT | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Name: | Marcos Puente | SECRE ASION |
| Address: | 5201 Blue Lagoon Drive Ste 100 | R - STEPARE |
| | Miami, FL 33126 | |
| ARTICLE VII | INCORPORATOR | AM 11: 10 |
| The name and ad | dress of the Incorporator is: | |
| Name: | Marcos Puente | |
| Address: | 5201 Blue Lagoon Dr Ste 100 | |
| this certificated I a | Required Signature/Registered Agent ment and a firm that the facts stated herein are a perturbate of State constitutes a third degree felony | True. I am aware that the false information submitted in a |
| | Required Signature/Incorporator | Date |