

P14000024436

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OSWALDO VILLORIA, PA.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

FILED
14 MAR 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

FILED
14 MAR 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: OSWALDO VILLORIA, PA.

(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: YANELLE M BARINAS

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

3058710889

Daytime Telephone number

BARINASB@GMAIL.COM

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

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

March 04, 2014
Miami, Florida

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dear Sir/Madam:

I, Oswaldo Villoria, president of Oswaldo Villoria, P.A., with Document number P10000082092, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owner.

Please send the incorporation documents to:

Barinas & Associates, Inc.
5701 NW 36 ST
Miami, FL 33166

Kind Regards,


Oswaldo Villoria

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: OSWALDO VILLORIA, PA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

9935 NW 46TH ST #201

DORAL, FL 33178

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSWALD VILLORIA, PSTD Name and Title: _____

Address 9935 NW 46TH ST #201 Address: _____
DORAL, FL 33178

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: OSWALD VILLORIA
Address: 9935 NW 46TH ST #201
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSWALD VILLORIA
Address: 9935 NW 46TH ST #201
DORAL, FL 33178

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

03/14/14
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

03/14/14
Date