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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
YELIPZA LOZANO P.A.

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

RECEIVED
14 MAY -6 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
14 MAY -6 PM 12:30
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5/7/14

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

Yelipza Lozano P.A.

14 MAY -6 PM 12:30

ARTICLE II PRINCIPAL OFFICE

Principal street address

10820 SW 136 COURTMIAMI FL 33186

Mailing address, if different

10820 SW 136 COURTMIAMI FL 33186SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE AGENT**ARTICLE IV SHARES**

The number of shares of stock is:

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

Name and Title:

YELIPZA LOZANO (P)

Name and Title:

Address

10820 SW 136 COURT

Address:

MIAMI FL 33186

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H140001000000 (cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YELIPZA LOZANO
Address: 10820 SW 136 COURT
MIAMI FL 33186

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Yelipza Lozano
Address: 10820 SW 136 COURT
MIAMI FL 33186

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 Yelipza Lozano 05-06-14
Required Signature/Registered Agent 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 Yelipza Lozano 05-06-14
Required Signature/Incorporator Date

FILED
14 MAY -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H140001000000