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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 : BARINAS & ASSOCIATES INC.
Account Number : I200000000082
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: _____

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 14 AM 11:16

**FLORIDA PROFIT/NON PROFIT CORPORATION
RAFAEL E ARCILA PA**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

B 5/15/14

RECEIVED

14 MAY 14 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RAFAEL E ARCILA 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: YANELLE M BARINAS
Name (Printed or typed)
5701 NW 36 STREET
Address
MIAMI, FL 33166
City, State & Zip
305-871-0889
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.

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: **RAFAEL E ARCILA PA**

ARTICLE II PRINCIPAL OFFICE
Principal street address

4466 BLOSSOM LN
WESTON, FL 33331

Mailing address, if different is:

4466 BLOSSOM LN
WESTON, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS AS A REALTOR

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RAFAEL E. ARCILA, PVSTD**

Address: **4466 BLOSSOM LN**
WESTON, FL 33331

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

14 MAY 14 AM 11:16

STATE OF FLORIDA
DIVISION OF CORPORATIONS

(cont.)

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: RAFAEL E ARCILA
Address: 4466 BLOSSOM LN
WESTON, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL E ARCILA
Address: 4466 BLOSSOM LN
WESTON, FL 33331

05-14-2014
12:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 14 AM 11:17

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

05/14/14
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

05/14/14
Date