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(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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14 AUG 11 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 8/14/14

COVER LETTER

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

SUBJECT: Alberto Carrillo 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: Alberto Carrillo

Name (Printed or typed)

520 Pinecrest Dr.

Address

Miami Springs, FL 33166

City, State & Zip

305-975-4909

Daytime Telephone number

acmiamirealestate@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Alberto Carrillo PA

ARTICLE II PRINCIPAL OFFICE
Principal street address
520 Pinecrest Dr
Miami Springs, FL 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The corporation is organized for
the purpose of engaging in real estate sales transactions
through real estate sales associates.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Alberto Carrillo</u>	Name and Title:	_____
Address	<u>520 Pinecrest Dr</u>	Address:	_____
	<u>Miami Springs, FL 33166</u>		_____

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

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

(conti.)

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:

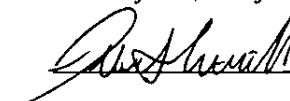
Name: Alberto Carrillo
 Address: 520 Pinecrest Dr.
Miami Springs, FL 33166

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Alberto Carrillo
 Address: 520 Pinecrest Dr.
Miami Springs, FL 33166

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 8-7-14
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 8-7-14
Date

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 TALLAHASSEE, FLORIDA