

P140000067920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262737453

08/11/14--01007--018 **78.75

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

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

14 AUG 11 PM 1:50

FILED

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: Alberto Carrillo PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

520 Pinecrest Dr

Miami Springs, FL 33166

Mailing address, if different is: _____

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

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: Alberto Carrillo Name and Title: _____

Address 520 Pinecrest Dr Address: _____

Miami Springs, FL 33166 _____

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.

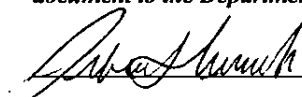
Miami Springs, FL 33166

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

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