

P140000069142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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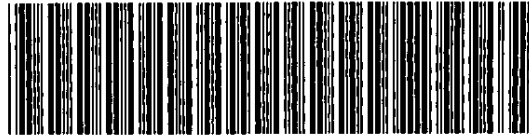
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/14/14--01023--005 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/19/14

COVER LETTER

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

SUBJECT: Mi Casa JM Bienes Raices, INC
(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: Jorge A. Martinez
Name (Printed or typed)
14216 NW 19 St
Address
Pembroke Pines, FL 33028
City, State & Zip
786-463-6230
Daytime Telephone number
micasajmbienesraices@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)

ARTICLE I NAME

The name of the corporation shall be: Mi Casa JM Bienes Raices, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

14216 NW 19 St

Pembroke Pines, FL 33028

Mailing address, if different, is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge A. Martinez PD

Address: 14216 NW 19 St

Pembroke Pines

FL, 33028

Name and Title: Maritza D. Martinez VD

Address: 14216 NW 19 St

Pembroke Pines

FL, 33028

Name and Title: Francisco A. Aquique TD

Address: 14216 NW 19 St

Pembroke Pines

FL, 33028

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Jorge A. Martinez

Address: 14216 NW 19 St

Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

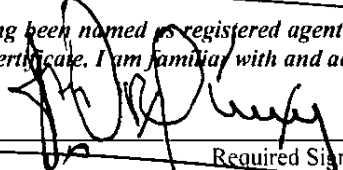
The **name and address** of the Incorporator is:

Name: Jorge A. Martinez

Address: 14216 NW 19 St

Pembroke Pines, FL 33028

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

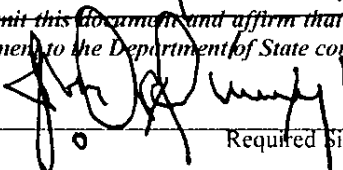


Required Signature/Registered Agent

08/07/2014

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

08/07/2014

Date

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