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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

_{ѕивјест:} Нес	UBJECT: Hector de la Canal P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	rinal and one (1) copy of the ar				
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	□ \$87.50		
rining rec	& Certificate of Status	& Certified Copy	Filing Fee, Certified Copy		
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			Status		
		ADDITIONAL CO	PY REQUIRED		
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FROM:	Hector Santiago de la Canal
	Name (Printed or typed)
	495 Brickell Ave #702
	Address
	Miami, FL 33131
	City, State & Zip
	1(858)922-9365
	Daytime Telephone number
	hectorsdlc@gmail.com
	E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



14 SEP -8 MI 11: 37 FLORIDA DEPARTMENT OF STATE Division of Corporations

TALLAMASSEE, FI ORIDA

August 21, 2014

HECTOR SANTIAGO DE LA CANAL 495 BRICKELL AVE #702 MIAMI, FL 33131

SUBJECT: HECTOR DE LA CANAL P.A.

Ref. Number: W14000051453

We have received your document for HECTOR DE LA CANAL P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 814A00018073

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

me of the corpora			
CLE II PRI	INCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
145 Bisca	ayne Blvd H-8	495 Brick	ell Ave #702
entura, F	L 33180	Miami, Fl	_ 33131
CLE III PUR	the corporation is organized is:	Estate Agent	
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	ARES 1,000,000 TIAL OFFICERS AND/OR DIRECTOR	<u></u>	-8 AH
	TIAL OFFICERS AND/OR DIRECTO	- ,-	-8 AH 7:
CLE V INT	TIAL OFFICERS AND/OR DIRECTO	Name and Title:	-8 AH 7:
CLE V INI	TIAL OFFICERS AND/OR DIRECTOR Hector de la Canal. President	- ,-	-8 AH 7:
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Hector de la Canal. President 495 Brickell Ave #702	Name and Title: Address:	-8 AH 7: 33
Name and Title Address	Hector de la Canal. President 495 Brickell Ave #702 Miami, FL 33131	Name and Title: Address: Name and Title:	-8 AH 7: 33
Name and Title Address Name and Title	Hector de la Canal. President 495 Brickell Ave #702 Miami, FL 33131	Name and Title: Address: Name and Title:	-8 AH 7: 35
Name and Title Address Name and Title Address	Hector de la Canal. President 495 Brickell Ave #702 Miami, FL 33131	Name and Title: Address: Name and Title: Address:	-8 AH 7: 35
Name and Title Address Name and Title Address	Hector de la Canal. President 495 Brickell Ave #702 Miami, FL 33131	Name and Title: Address: Name and Title: Address: Name and Title:	-8 AH 7: 35

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Hector de la Canal Address: 495 Brickell Ave #702 Miami, FL 33131 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Hector de la Canal Address: 495 Brickell Ave #702 Miami, FL 33131 Having been named as registered agent to accept service of process for the above stated corporation at the place designated it this certificate, I am famillar with and accept the apparature as registered agent and agree to act in this capacity Required Signature of State constitutes a third degree felony as provided for in s.817.155, F.S. 8/14/14 Date	Name an	d Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Hector de la Canal 495 Brickell Ave #702 Miami, FL 33131 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Hector de la Canal Address: Hector de la Canal Address: Hector de la Canal Address: History of Brickell Ave #702 Miami, FL 33131 Having been named as registered agent to accept service of process for the above stated corporation at the place designated it this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address		Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Hector de la Canal 495 Brickell Ave #702 Miami, FL 33131 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Hector de la Canal Address: Hector de la			
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Required Signature Megistered Agent Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 8/14/14		Miami, FL 33131	_
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	l submit this doc document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degger felon	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
Required Signature In August ator Date			8/14/14
		Required Signature de orporator	Date