

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Please print the page and use it as a cover sheet. Type the fax audit number (shown below) on the bottom of all pages of the document.

(((H14000264725 3)))



H140002647253=BC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

KEIR B.NUNEZ P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

NOV 14 2014

S. GILBERT

14 NOV 13 PM 12:26

RECEIVED

14 NOV 13 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/24/2032 05:54
11/13/2014 12:57 3052783484

P&B SERVICES OF MIAM

#4328 P.002/003

PAGE 02/03

H14000264723

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: KEIR B. NUNEZ P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

14564 SW 95 LANE

MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR REALTY PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @\$1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEIR B NUNEZ - PRES

Name and Title: _____

Address: 14564 SW 95 LANE

Address: _____

MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

STATE OF FLORIDA
SALT WATER SPRING, FLORIDA

14 NOV 13 PM 12:26

H14000264723

09/24/2032 05:54
11/13/2014 12:57

3052783484

P&B SERVICES OF MIAMI

#4328 P.003/003

PAGE: 03/03

H14000264725

(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:

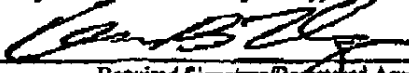
Name: KEIR B. NUNEZ
Address: 14564 SW 95 LANE
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: KEIR B. NUNEZ
Address: 14564 SW 95 LANE
MIAMI, FL 33186

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

11-13-14
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

11-13-14
Date

H14000264725