P14000093449

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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

(((H14000264725 3)))

H14000264725ABC+

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

14 NOV 13 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 |

14 NOV 13 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

NOV 14 2014

S. GILBERT

Electronic Filing Menu Corporate Filing Menu Help

H14000264725

# 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

14564 SW 95 LANE

MIAMI, FL 33186

Mailing address, if different is:

***ARTICLE III PURPOSE***

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

14 NOV 13 PM 12:26

TALLAHASSEE, FLORIDA

***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

Address 14564 SW 95 LANE
MIAMI, FL 33186

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

H14000264725

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*

_____ 11-13-14

Required Signature/Registered Agent 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.*

_____ 11-13-14

Required Signature/Incorporator Date