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SECRETARY OF STATE
DIVISION OF CORPORATIONS & CHARITABLE ORGANIZATIONS

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DEC 1 2014

T. SCOTT

COVER LETTER

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

SUBJECT: Jorge Gaspar Fernandez P.A.
(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 Gaspar Fernandez
Name (Printed or typed)

565 East Drive
Address

Miami Springs FL 33166
City, State & Zip

786-303-2093
Daytime Telephone number

Realtor.gaspar@gmail.com
E-mail address: (to be used for future annual report notification)

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: Jorge Gaspar Fernandez P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

565 East Drive
Miami Springs FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling of Real Estate

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DIVISION OF CORPORATE & FINANCIAL SERVICES
FLORIDA DEPARTMENT OF REVENUE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Gaspar Fernandez Name and Title: _____

Address: President Address: _____

565 East Drive
Miami Springs FL 33166

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Gina M. Fernandez
 Address: 8730 NW 36 avenue
Miami FL 33147

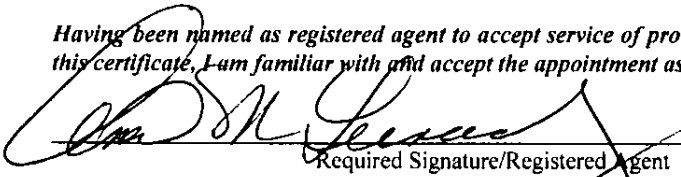
RECEIVED
 DIVISION OF CORPORATE REGISTRATION
 NOV 25 PM 12:06

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

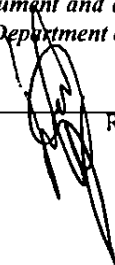
Name: Gina M. Fernandez
 Address: 8730 NW 36 avenue
Miami FL 33147

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

11-7-14
 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

11-7-14
 Date