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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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January 15, 2015

AURORA PEREZ P.O. BOX 160277 MIAMI, FL 33116

SUBJECT: AURORA PEREZ, P.A. Ref. Number: W15000003093

We have received your document for AURORA PEREZ, 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 415A00000901

COVER LETTER

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

_{subject:} Aur	ora Perez, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM: A	urora Perez	e (Printed or typed)	
Р	.O. Box 160277		
		Addréss	
M	liami, FL 33116		
	City,	State & Zip	
78	86 306-5398		
	Daytime T	elephone number	
aı	uroraperez@bellsou		
	E-mail address: (to be use	d 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)

The name of the corporation shall be: AUTOra Per	ez, P.A.		
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailin	g address, if different is:	
15472 S.W. 115th Street	P.O. Box	P.O. Box 160277	
Miami, FL-33196	Miami, Fl	_ 33116	
-			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: _			
To engage in or transact any or all lawl	ful activities or business p	ermitted under the laws	
of the United States, the State of Florid	da, or any other state, co	untry, territory or nation.	
- Real Estate Sales			
			
ARTICLE IV SHARES 100 shares @ \$1	00 per volue		
The number of shares of stock is: 100 shares @ \$1.	.00 per value.		
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS	15 J	
Name and Title: Aurora Perez	Name and Title:	C (A/C)	
P.O. Box 160277	Address:	<u> </u>	
Miami, FL 33116		, , , , , , , , , , , , , , , , , , ,	
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	N and Tislan	र-दे र	
Name and Title:			
Address	Address:		
Name and Title:	Name and Title:		
Address	Address:		
		····	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
Name:	orida street address (P.O. Box NOT acceptable) of Aurora Perez	t the registered agent is:
Address:	15472 S.W. 115th Street	- 51 📆 🔆
	Miami, FL 33196	- 123 23
ARTICLE VII	INCORPORATOR	TO THE STATE OF TH
The name and ad	dress of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·
Name:	Aurora Perez	ய் <u>சூ</u> ர்
Address:	P.O. Box 160277	_
	Miami, FL 33116	-
Having been nam this certificate 1 a	ned as registered agent to accept service of procession familiar with and accept the appointment as response for the Required Signature/Registered Agent	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
I submit this doct	tment and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
accument to the L	Department of State constitutes a third degree felon	y as provided for in s.817.133, F.S. // 6/20/5 Date
	\sim 7)	