

P15000018307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269710271

02/24/15--01011--011 **78.75

FILED
15 FEB 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Isabel Cristina Lopes 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: Isabel C. Lopes

Name (Printed or typed)

608 NE 191 Street

Address

Miami, Florida 33179

City, State & Zip

973-946-2321

Daytime Telephone number

cristinahomesusa@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: Isabel Cristina Lopes P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

608 NE 191 Street

Miami, Florida 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isabel C. Lopes (President)

Name and Title: Eduardo Pena (Director)

Address: 608 NE 191 Street

Address: 608 NE 191 Street

Miami, Florida 33179

Miami, Florida 33179

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
15 FEB 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Isabel Cristina Lopes

Address: 608 NE 191 Street

Miami, Florida 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Isabel Cristina Lopes

Address: 608 NE 191 Street

Miami, Florida 33179

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

Isabel Cristina Lopes

Required Signature/Registered Agent
 ISABEL CRISTINA LOPES

02/19/15

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.

Isabel Cristina Lopes

Required Signature/Incorporator
 ISABEL CRISTINA LOPES

02/19/15

Date

FILED
 15 FEB 24 PM 1:30
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA