

P15 000032743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

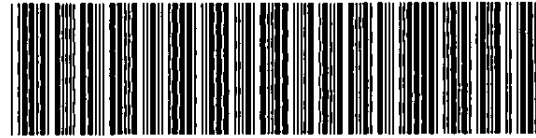
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/10 em



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Cecilia Doria, P.A.
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In☒ Pick up time: _____☒ Certified Copy☐ Certificate Of Status

Type of Filing	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
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Type of Filing	
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Type of Filing	
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<input type="checkbox"/>	Fictitious Name
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<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CECILIA DORIA, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6010 NW 104 CT.DORAL, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: REALTOR ASSOCIATE

FILED
2015 APR 10 PM 12:20
CLERK OF DISTRICT COURT
JULIA HASSLER - FLORIDA

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CECILIA DORIA (PSD)

Name and Title: _____

Address: 6010 NW 104 CT

Address: _____

DORAL, FL 33178

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CECILIA DORIA
Address: 6010 NW 104 CT
DORAL, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CECILIA DORIA
Address: 6010 NW 104 CT
DORAL, FL 33178

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

Cecilia Doria

Required Signature/Registered Agent

4/10/15

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.

Cecilia Doria

Required Signature/Incorporator

4/10/15

Date