## P15000054445

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

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

SUBJECT:			, TAOYA	P.A.
	(PROPOS	ED CORPORA	TE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed are an original	ginal and one (1)	copy of the art	icles of incorporation	and a check for:
± \$70.00 Filing Fee	∟ \$78.75 Filing Fee & Certificate	of Status	L \$78.75 Filing Fee & Certified Copy	L \$87.50 Filing Fee, y Certified Copy & Certificate of Status COPY REQUIRED
FROM:		DOLDEN	(Printed or typed)	PAR
<del></del>	MINDER	MERE :	FC 347 State & Zip	86

NOTE: Please provide the original and one copy of the articles.

407-2838868

Daytime Telephone number

MOVA OURBAN SQUAREREACTY . COM E-rhail address: (to be used for future annual report actification)



June 10, 2015

JUAN CARLOS MOYA 6339 GOLDEN DEWDROP TRAIL WINDERMERE, FL 34786

SUBJECT: JUAN CARLOS MOYA P.A.

Ref. Number: W15000040503

We have received your document for JUAN CARLOS MOYA P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 815A00012200

## 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: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL ESTATE SALES ASSOCIATE ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:\_ \_\_\_\_ Name and Title:\_\_\_\_\_ Address \_ Address: Name and Title.\_\_\_\_ Name and Title:\_ Address \_\_ Address: \_\_\_\_\_ Name and Title \_\_\_\_ Name and Title: Address \_\_\_\_\_ Address:

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Name and Title:	Name and Title:
Address	Address:
	r:
ARTICLE VI REGIS	STERED AGENT street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	JUAN CARLOS MOYA
Address:	339 GOLDEN DEWDEODTEAN
	DIMPERIMENE FC 34786
ARTICLE VII INCOI	RPORATOR .
The name and address	
Name: <u>\</u>	JUAN CARLOS MOYA
Address:	6339 GOLDEN DEWDROO TEAK
_	WINDERMERE FL 34786
ARTICLE VIII EFFE Effective date, if other the (If an effective date is I days after the filing.)	han the date of filing: (OPTIONAL)  listed, the date must be specific and cannot be more than five business days prior or 90 business
	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as e date on the Department of State's records.
Having been named as this certificate, I am fan	registered agent to accept tervice of process for the above stated corporation at the place designated in militar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent  Date  Date
I submit this document document to the Departs	and affirm that the facts stated herein are true. I am aware that the false information submitted in a ment of State constitutes a mird degree felony as provided for in s.817.155, F.S.
Required Sig	mature/incorporator Date

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