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15 AUG -7 PM 3.48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J 8/11/15

**COVER LETTER**

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

**SUBJECT:** Julia E. Diaz, 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:** Julia E. Diaz  
Name (Printed or typed)

8550 SW 133rd CT  
Address

Miami, FL 33183  
City, State & Zip

(305) 798-3439  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314  
15 AUG - 7 PM 3:48  
FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2015

JULIA E. DIAZ  
8550 SW 133RD CT  
MIAMI, FL 33183

SUBJECT: JULIA E. DIAZ, P.A.  
Ref. Number: W15000050514

RECEIVED  
15 AUG -7 PM 12:37

We have received your document for JULIA E. DIAZ, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00015722

FILED  
15 AUG -7 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

15 AUG -7 PM 3:48

ARTICLE I NAME

The name of the corporation shall be: Julia E. Diaz, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9550 SW 133rd CT

8550 SW 133rd CT

Miami, FL 33183

Miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: I am a Real Estate agent

ARTICLE IV SHARES

The number of shares of stock is: 100 (SHARES of the 100 shares of the total stock issued by the sole name JULIA E DIAZ)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julia Diaz Name and Title:

Address 9550 SW 133rd CT Address:

Miami, FL 33183

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: Julia Diaz  
 Address: 8550 SW 133rd CT  
Miami, FL 33183

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED  
 15 AUG - 7 PM 3:48

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Julia Diaz  
 Address: 8550 SW 133rd CT  
Miami, FL 33193

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 07/17/15  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 07/17/15  
Date