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

630 -

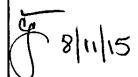


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15 AUG -7 FH 3 48



COVER LETTER

3

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

| UBJECT: Julia E. Diaz, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
|--|--|---------------------------------------|---|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: | | |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| | ADDITIONAL COPY REQ | | | | |
| FROM: | Julia E. Name | Diaz (Printed or typed) | | | |
| <u></u> | Miami , FL City, | | 15 AUG | | |
| | (305) 798 Daytime T | - 34'39 elephone number | otification) | | |
| - | E-mail address: (to be used | for future annual report r | notification) © | | |

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

15 flue -7 PH 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



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

FILED

| ARTICLE I NAME The name of the corporat | ion shall be: Julia E. | Diaz, | P.A. | 15 AUG -7 PH 3. (|
|---|-------------------------------------|------------------|----------------|------------------------------|
| ARTICLE II PRINC | Principal street address | | Mailing addres | s, if different is: (FLORID) |
| 9550 SW | | | | 133rd CT |
| Miami, FL | - 33183 | <u> </u> | liami; F | L 33183 |
| ARTICLE III PURPO The purpose for which the | DSE he corporation is organized is: | am a | Real E | state agent |
| | | | | |
| | | | Arran . | |
| | | | | |
| ARTICLE IV SHARE The number of shares of | stock is: 100 () HRES SSUE | of the | 100 Show | e name July E |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | , | | |
| Name and Title | : Julia Diaz | _ Name and Ti | itle: | |
| Address | 9550 SW 133rd CT | _ Address: | | |
| | Miami, FL 33183 | _ | | |
| Name and Title: | | _ Name and Ti | tle: | |
| Address | | _ Address: | | |
| | | - | | |
| Name and Title: | | Name and Ti | tle: | |
| | | | | |
| | | _ | | |

| Name and | Title: | Name and Title: |
|--|--|---|
| Address | | Address: |
| | | |
| | | |
| | | |
| | <u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) c | of the registered agent is: |
| Name: | Julia Diaz | _ |
| Address: | 9550 SW 133rd CT | ————————————————————————————————————— |
| | Miami, FL 33183 | |
| ARTICLE VII I | NCORPORATOR | |
| | lress of the Incorporator is: | TO THE D |
| Name: | Julia Diaz | ω |
| Address: | 9550 SW 133rd CT | · · · · · · · · · · · · · · · · · · · |
| | Miami, FL 33193 | _ |
| ARTICI E VIII | EFFECTIVE DATE: | |
| Effective date, if o | ther than the date of filing: | . (OPTIONAL) of the more than five business days prior or 90 business |
| (If an effective da days after the fili | | ot be more than tive business days prior or 90 business |
| | | e statutory filing requirements, this date will not be listed as |
| the document's eff | ective date on the Department of State's records. | |
| | ed as registered agent to accept service of proces m familiar with and accept the appointment as re | s for the above stated corporation at the place designated in |
| inis certificate, I u | Manual was all accept the appointment as to | |
| | Required Signature Registered Agent | <u>0'7 (17(15</u> Date |
| | | true. I am aware that the false information submitted in a |
| document to the | epartment of State constitutes a third degree felo | |
| Requir | ed Signature Incorporator | <u>07/17/15</u> Date |
| rcquii | on his many many | Duit |

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