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## FLORIDA PROFIT/NON PROFIT CORPORATION MAYRA ESTRADA, P.A.

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## **COVER LETTER**

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

SUBJECT: MA	Ayra estrada, p.a.		
BUDIECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Mayra Estrada  Name  7501 E Treasure Drive, Suits 8J	(Printed or typed)	
_	·	ddress	
North Bay Village, Florida 33141-4303  City, State & Zip			
	(305) 308-7176		
_	Daytime To	elephone number	
	mayrapiasencia27@yahoo.com		
	E-mail address: (to be used	for future annual report r	notification)

9696889908 20:00 9102/11/60

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

FILED

## ARTICLES OF INCORPORATION 15 SEP 17 PM 7: 34 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE   NAME he name of the corpora	tion shall be: MAYRA ESTRA	NDA, P.A.	SECRETARY OF STATE  TALLABASSET, FLORID,
RTICLE II PRINC	TPAL OFFICE Principal street address	).	failing address, if different is:
7501 E Treasure Drive,	Suite 8J		
North Bay Village, Flor	ida 33141-4303		
ARTICLE III PURPO The purpose for which the	he corporation is organized is:	o engage in Real Estate activ	ities and all other activities
ermitted under the law	of the United States and the State	of Fiorida	
·		<del></del>	
<del> </del>	Material and a second		
RTICLE V INITIA	Stock is: 100 shares no par value c	<u>vrs</u>	Pracidant and Director
Name and Title	Mayra Estrada	Name and Title:	President and Director
Address	7501 E Treasure Drive, Suite 8J	Address: _	· <u>· · · · · · · · · · · · · · · · · · </u>
	North Bay Village, Florida 3314	1 <del>-43</del> 03	
Name and Title:		Name and Title:	
Address	V V V V V V V V V V V V V V V V V V V	Address;	
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:	
Address		Address:	
		<u>-</u>	

Name a	nd Title:	Name and Title:
Addres	s <u> </u>	Address:
	•	
ARTICLE VI	REGISTERED AGENT	
The name and F	Torida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Mayra Estrada	<del>-</del> .
Address:	7501 E Treasure Drive, Suite 8J	<u> </u>
	North Bay Village, Floride 33141-4303	_
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Mayra Estrada	
	7501 E Treasure Drive, Suite 8J	
	North Bay Village, Florida 33141-4303	<u>.</u>
ARTICLE VID	EFFRCTIVE DATE:	
Effective date, if	other than the date of filing:	(OPTIONAL)
(if an effective of days after the fi		tot be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been natificate, I	med as registered agent to accept service of proce um funitiar with and accept the appointment as r	
	all and the second	9/17/15.
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree fel	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
Que	1 mas '	9-12-15
<b>≻K</b> equ	ited Signature/incorporator	Date

9696669906 20:00 9102/21/60