P15000078168

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					
,					
W15-1e1533					

Office Use Only



600275432676

09/08/15--01027--007 **130.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 SEP 22 PH 3: 1







FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2015

GLADYS SUAREZ 600 NW 6 ST APT. #610 MIAMI, FL 33136

SUBJECT: SUARITO'S HOME INVESTMENT, PLLC

Ref. Number: W15000061533

We have received your document for SUARITO'S HOME INVESTMENT, PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00019680

Division of Comparations P.O. POV 6227 Tallahassaa Florida 2221

TO: Charter Section

COVER LETTER

Division of Co	rporations				
SUBJECT: ROGER OF	RELLANA,P.A.				
30D02C1	Name of	Resulting I	Florida Profit	Corporation	
The enclosed Certificat Entity" into a "Florida l	e of Conversion, Article Profit Corporation" in ac	s of Incorpo cordance v	oration, and fe	es are submitted to convert	an "Other Business
Please return all corresp	condence concerning this	s matter to:			
ROGER ORELLANA					
	Contact Person				
ROGER ORELLANA,P.	Α.				
	Firm/Company				
600 NW 6 ST # 610					
	Address				
MIAMI,FL. 33136		,			
	City, State and Zip Code	3			
orellana37@gmail.com					
E-mail address: (t	o be used for future annu	ial report n	otification)		
For further information	concerning this matter,	please call:			
ROGER ORELLANA		_at () 612-3	117	
Name of Co	ontact Person	A	rea Code and	Daytime Telephone Number	er
Enclosed is a check for	the following amount:				
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 and Certif	5 Filing Fees fied Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301			New Fi Divisio P. O. B	ING ADDRESS: ilings Section on of Corporations lox 6327 assec, FL 32314	

MIAMI, FL. 09/22/2015

Who it may Concern:

I am the owner for Roger Orellana , PLLC. I will keep this corporation open , and willing to use my name as Roger Orellana ,P.A. as a new corporation for (Real Estate sales Associate Purpose).

Cordially, Roger .

COGER

15 SEP 22 PM 3: 03
SECRETARY OF STATE
SECRETARY OF STATE



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 15 SEP 22 PM 3: 03

ARTICLE I	NAME ROGER ORELL	ANA, P.A. SECRETARY OF ST
The name of th	NAME e corporation shall be:	TALLAHASSEE FLO
ARTICLE II		•
The principal p	lace of business/mailing address is:	
	Principal street address	Mailing address, if different is:
	Principal sueet address	Matring address, it different is.
600 NW 6 ST #	610	
MIAMI, FL. 33	1136	
The purpose fo	PURPOSE or which the corporation is organized	is:
REAL ESTAT	E SALES ASSOCIATE.	
ARTICLE IV	SHARES 100 shares of stock is:	
ARTICLE V	INITIAL OFFICERS AND/OR	DIRECTORS
Name and Titl	ie: ROGER ORELLANA	Name and Title:
Address:	600 NW 6 ST # 610	Address:
Audi OSS.	MIAMI, FL. 33136	
Name and Tid	1	Name and Title:
Name and 110	le:	Name and Title:
Address:		Address:
Name and Tit	(e:	Name and Title:
Address:		Address:

15 SEP 22 PM 3: 03

Name a	ınd Title:	Name and Title:	OFOSSTADY OF STATE
Addre	56	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	<u>REGISTERED AGENT</u> Florida str <u>eet address</u> (P.O. Box NOT acc	entoble) of the societored agent is	
, he <u>name and l</u>	ROGER ORELLANA	ehmore) of me tekrereren akenr re	·4
Name:			
Address:	600 NW 6 ST # 610		
	MIAMI, FL. 33136		
		· · · · · · ·	
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	ROGER ORELLANA		
	600 NW 6 ST # 610		
Address:	MIAMI,FL. 33136		
	EFFECTIVE DATE: f other than the date of filing:	. (OPTIC	ONAL)
(If an effective days after the i	date is listed, the date must be specific a	nd cannot be more than five b	ousiness days prior or 90 business
	te inserted in this block does not meet the se effective date on the Department of State's		ements, this date will not be listed as
77 • 1		-6 6 4bb	
Having been no this certificate, l	amed as registered agent to accept service I am familiar walf and accep) the appoints	oj process jor ine ubove situeu i ient as registered agent and agr	corporation at the place designated in ee to act in this capacity
, <u>-</u>	(-flops-		09/21/2015
<u> </u>	Required Signature/Registered	Agent	Date
I cuhmit thic Ac	ocument and affirm that the facts stated h	_	the false information submitted in a
document to the	Department of State constitutes a third de	gree felony as provided for in s.	817.155, F.S.
1	144		09/21/2015
Regu	pired Signature/Incorporator		Date

PISOOOO78168 IRS DEPARTMENT OF THE TREASURY -

CINCINNATI OH

ROGER ORELLANA PA 600 NW 6TH ST APT 610 MIAMI, FL 33136

45999-0023

Date of this notice: 09-23-2015

Employer Identification Number: 47-5135718

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5135718. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods. \Box

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.