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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TATIANE OLIVEIRA APONTE PA**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

15 NOV 17 PM 5:44

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: Tatiane Oliveira Aponte PA

ARTICLE II. PRINCIPAL OFFICE
Principal ~~street~~ address:

Mailing address, if different to:

3300 NE 192ND ST

APT 1012

AVENTURA, FL 33180

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

THE COMPANY IS SPECIALIZING IN REAL ESTATE: REAL ESTATE PROFESSIONAL LICENSE

ARTICLE IV. SHARES 1000
The number of shares of stock is:

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title:

Address: TATIANE OLIVEIRA APONTE

Address:

3300 NE 192ND ST, APT 1012

AVENTURA, FL 33180

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: TATIANE OLIVEIRA APONTE

Address: 3300 NE 192ND ST, APT 1012

AVENTURA, FL 33180

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Name: TATIANE OLIVEIRA APONTE

Address: 3300 NE 192ND ST, APT 1012

AVENTURA, FL 33180

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 agree to the appointment as registered agent and agree to act in this capacity.

X [Signature]

Required Signature: Registered Agent

10/16/2015

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.

X [Signature]

Required Signature: Incorporator

10/16/2015

Date