

P15000101279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

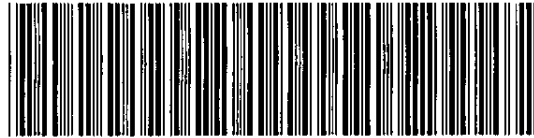
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
15 DEC 28 AM 10:18

EFFECTIVE DATE  
1-1-16

DEC 28 2015

T. BROWN

COVER LETTER

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

SUBJECT: ALVARO ROBERTO IRIARTE 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: ALVARO ROBERTO IRIARTE  
Name (Printed or typed)

350 SW 87<sup>th</sup> PATH  
Address

MIAMI, FL 33174  
City, State & Zip

(305) - 244 - 0387  
Daytime Telephone number

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

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

**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: ALVARO ROBERTO IRIARTE P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

350 SW 87<sup>th</sup> PATH  
MIAMI, FL 33174

Mailing address, if different is:

APPROVED AND FILED  
15 DEC 28 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS

INCLUDING BUT NOT LIMITED TO A REAL ESTATE

EFFECTIVE DATE

1-1-16

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALVARO ROBERTO IRIARTE Name and Title: \_\_\_\_\_

Address: 350 SW 87<sup>th</sup> PATH Address: \_\_\_\_\_  
MIAMI, FL 33174 Address: \_\_\_\_\_

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: ALVARO R. IRIARTE  
Address: 350 SW 87<sup>th</sup> PATH  
MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

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

Name: ALVARO R. IRIARTE  
Address: 350 SW 87<sup>th</sup> PATH  
MIAMI, FL 33174

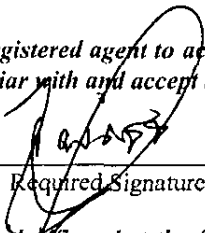
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-01-2016 (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*

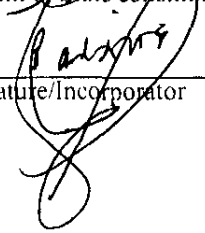


\_\_\_\_\_  
Required Signature/Registered Agent

12-28-2015

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

12-28-2015

\_\_\_\_\_  
Date