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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
DANIELLE TEIXEIRA, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
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1055TB

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 25 2016

T. BROWN

1/22/2016

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COVER LETTER

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

SUBJECT: DANIELLE TEIXEIRA, 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: DANIELLE TEIXEIRA

Name (Printed or typed)

2600 S Douglas Rd., Suite 400

Address

Coral Gables, Florida 33134

City, State & Zip

(786) 342 9271

Daytime Telephone number

da\_tex@hotmail.com

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)

2016 JAN 22 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME  
The name of the corporation shall be: DANIELLE TEIXEIRA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2600 S Douglas Rd., Suite 400

Coral Gables, Florida 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in Real Estate activities and all other activities permitted under the law of the United States and the State of Florida

ARTICLE IV SHARES  
The number of shares of stock is: 100 shares no par value common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Danielle Teixeira	Name and Title:	
Address	2600 S Douglas Rd., Suite 400	Address:	
	Coral Gables, Florida 33134		

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: Danielle Teixeira  
 Address: 2600 S Douglas Rd., Suite 400  
 Coral Gables, Florida 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Danielle Teixeira  
 Address: 2600 S Douglas Rd., Suite 400  
 Coral Gables, Florida 33134

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

\_\_\_\_\_  
 Required Signature/Registered Agent  
 01/22/16  
 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  
 01/22/16  
 Date

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