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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

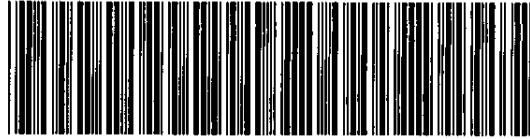
(Business Entity Name)

(Document Number)

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

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16 JAN 11 PM 12:44

JAN 27 2016

T. SCOTT

**COVER LETTER**

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

**SUBJECT:** HUBERTO G. FERNANDEZ-MORAN 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: HUBERTO G. FERNANDEZ-MORAN  
\_\_\_\_\_  
Name (Printed or typed)

17405 NW 75TH PL APT 211  
\_\_\_\_\_  
Address

MIAMI, FL, 33015  
\_\_\_\_\_  
City, State & Zip

786-468-9157  
\_\_\_\_\_  
Daytime Telephone number

REALTOR.HUBERTO@GMAIL.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)

**ARTICLE I NAME**

The name of the corporation shall be: HUMBERTO G. FERNANDEZ-MORAN P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2600 SO. DOUGLAS RD.  
SUITE 508  
CORAL GABLES, FL, 33134

Mailing address, if different is:  
251 VALENCIA AVE, #144767  
CORAL GABLES, FL, 33114

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: PRESIDENT  
Address: HUMBERTO G. FERNANDEZ-MORAN  
251 VALENCIA AVE, #144767  
CORAL GABLES, FL, 33114

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

16 JAN 11 PM 12:15

STATE OF FLORIDA  
SECRETARY OF STATE

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: NORA TARQUINO  
 Address: 2600 SO. DOUGLAS RD. SUITE 508  
CORAL GABLES, FL, 33134

**ARTICLE VII INCORPORATOR**

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

Name: HUMBERTO G. FERNANDEZ-MORAN  
 Address: 251 VALENCIA AVE. #144767  
CORAL GABLES, FL, 33114

**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 01/07/2016  
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 01/07/2016  
Date