

P16000008792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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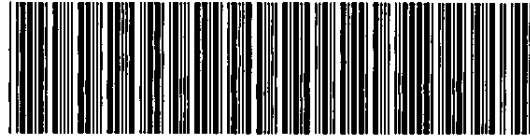
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Milay Duenas, 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: Milay Duenas
Name (Printed or typed)

1907 NW 29th Ave
Address

Cape Coral FL 33993
City, State & Zip

239-227-4021
Daytime Telephone number

milay-the-realtor@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: Milay Duenas, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1907 NW 29th Ave
Cape Coral, FL 33993

1907 NW 29th Ave
Cape Coral, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: real estate ~~company~~
Sales & Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Milay Duenas - President (P)

Name and Title:

Address

1907 NW 29th Ave
Cape Coral, FL 33993

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

APPROVED
AND
FILED

APPROVED
AND
FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

16 JAN 21 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Milay Dueñas
Address: 1907 NW 29th Ave
Cape Coral, FL 33993

ARTICLE VII INCORPORATOR

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

Name: Milay Dueñas
Address: 1907 NW 29th Ave
Cape Coral, FL 33993

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

Milay Dueñas

Required Signature/Registered Agent

1/15/16
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.

Milay Dueñas

Required Signature/Incorporator

1/15/16
Date