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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

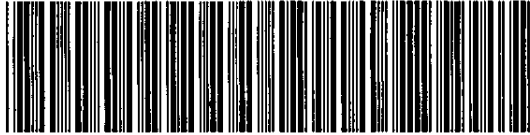
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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EFFECTIVE DATE
3-10-16

FILED
2016 MAR 17 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2016
T. BROWN

COVER LETTER

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

Vicky Virginia Ortiz P.A.

SUBJECT: _____

(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: Vicky Virginia Ortiz

Name (Printed or typed)

6542 SW 76 Terrace

Address

Miami, FL 33143

City, State & Zip

786-972-9663

Daytime Telephone number

vortizspillert@yahoo.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)

FILED
2016 MAR 17 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME Vicky Virginia Ortiz P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
6542 SW 76 Terrace _____
Miami, FL 33143 _____

ARTICLE III PURPOSE Real Estate Services
The purpose for which the corporation is organized is: _____ **EFFECTIVE DATE**
3-10-16

ARTICLE IV SHARES One Hundred (100)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Vicky Virginia Ortiz, President	Name and Title:	_____
Address	6542 SW 76 Terrace	Address:	_____
	Miami, FL 33143		_____
	_____		_____
	_____		_____
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: Vicky Virginia Ortiz
 Address: 6542 SW 76 Terrace
Miami, FL 33143

ARTICLE VII INCORPORATOR

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

Name: Vicky Virginia Ortiz
 Address: 6542 SW 76 Terrace
Miami, FL 33143

ARTICLE VIII EFFECTIVE DATE: March 10, 2016
 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

Vicky Ortiz _____ 3/11/16
 Required Signature/Registered Agent 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.

Vicky Ortiz _____ 3/11/16
 Required Signature/Incorporator Date