

03/03/2016 13:05 30221403 LAZARUS PAGE 01/03
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
16 MAR 30 PM 3:24
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
ARLYZ MORALES PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: Arlyz Morales PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1900 N Bayshore Dr. Unit 2218 Miami FL 33132

Mailing address, if different is:

1900 N Bayshore Dr. Unit 2218 Miami FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Realtor

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arlyz Morales Cordova (P) Name and Title:

Address: Address:

1900 N Bayshore Dr. Unit 2218 Miami FL 33132

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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(cont.)

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: Arlyz Morales Cordova

Address: 1900 N Bayshore Dr. Unit 2218 Miami FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arlyz Morales Cordova

Address: 1900 N Bayshore Dr. Unit 2218 Miami FL 33132

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

_____	<u>03/29/2016</u>
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.

_____	<u>03/29/2016</u>
Required Signature Incorporator	Date

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