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FLORIDA PROFIT/NON PROFIT CORPORATION

SERGIO MENA, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
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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: SERGIO MENA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1000 PONCE DE LEON BLVD
STE: 105
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THE PURPOSE IS PRACTICE AS A: REAL ESTATE SALES ASSOICATE

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ARTICLE IV SHARES
The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SERGIO J. MENA (P/S/D)
Address: 1000 PONCE DE LEON BLVD
STE: 105
CORAL GABLES, FL 33134

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: SERGIO J. MENA

Address: 1000 PONCE DE LEON BLVD STE: 105

CORAL GABLES, FL 33134

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ARTICLE VII INCORPORATOR

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

Name: SERGIO J. MENA

Address: 1000 PONCE DE LEON BLVD STE: 105

CORAL GABLES, FL 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

_____ 04/01/2016

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.

_____ 04/01/2016

Required Signature/Incorporator Date