

P16000031895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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Office Use Only



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03/22/16--01005--022 \*\*70.00

16 APR -8 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan APR 11 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2016

MARIA E RUIZ  
7750 SW 117TH AVE  
SUITE 201D  
MIAMI, FL 33183

SUBJECT: ERIKA CORRERA PA  
Ref. Number: W16000022725

We have received your document for ERIKA CORRERA PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 316A00006283

## COVER LETTER

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

**SUBJECT:** ERIKA CORREA PA

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** MARIA E RUIZ

\_\_\_\_\_  
Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

\_\_\_\_\_  
Address

MIAMI FLORIDA 33183

\_\_\_\_\_  
City, State & Zip

305 595-2407

\_\_\_\_\_  
Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

March 16, 2016

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

Re: p10000084055 Erika Correa PA

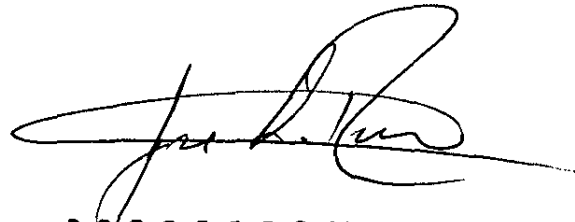
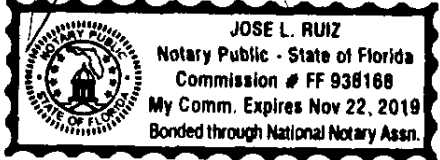
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
Erika Correa

**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: ERIKA CORREA PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10193 NW 43 TERRACE

DORAL, FLORIDA 33178

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D

MIAMI, FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

REAL ESTATE SERVICES

16 APR -8 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 EA

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

Name and Title: ERIKA CORREA, PRESIDENT

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

Address 10193 NW 43 TERRACE

Address: \_\_\_\_\_

DORAL, FLORIDA 33178

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: ERIKA CORREA  
Address: 10193 NW 43 TERRACE  
MIAMI FLORIDA 33178

16 APR - 8 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: ERIKA CORREA  
Address: 10193 NW 43 TERRACE  
MIAMI FLORIDA 33178


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/24/2016. (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

3/18/16  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

3/18/16  
\_\_\_\_\_  
Date

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

**ARTICLE VI REGISTERED AGENT**

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MIAMI FLORIDA 33178

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Required Signature/Registered Agent

3/18/16  
\_\_\_\_\_  
Date

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\_\_\_\_\_  
Required Signature/Incorporator

3/18/16  
\_\_\_\_\_  
Date