## P1600040104

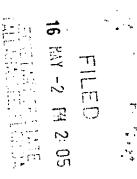
, (Requestor's Name)				
(Ad	dress)			
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(Cit	ty/State/Zip/Phone #			
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer:			
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## COVER LETTER

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

SUBJECT: MALGORZATA MONIKA Salazar, P.A.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
(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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status				
FROM: MALGORZATH MONIKA SALAZAR Name (Printed or typed)						
13075 SW 831						
<u>Pinecrest 1 FL</u> City, 305. 788. 8	115					
Daytime T	elephone number	- En <b>3</b>				

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

Email address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corporat	ion shall be: MALGORZATA	MONKA	59/azai	1. T.A	
	IPAL OFFICE Principal street address	Maili	Mailing address, if different is:		
	ore Way PH2AEB S. Pt 33134	550 E	Biltmore	Lay 748.	
RTICLE III PURPO			Servic	2007	
			5-0.5 5-0.3 5-0.3	<b>6</b>	
RTICLE IV SHARE the number of shares of				LED -2 M 2:0	
	Malgorata M.Salozari	resident Name and Title:	SH <sup>111</sup>	Ŭ , <sup>™</sup>	
Address	1357555083 AVE Pinecrest, Fl 33156	Address:			
Name and Title:		Name and Title:			
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. Bo	M. Salazas	
1000 - 2000	9. 54/0200	
Address: 19075 Sw 6	233156	<b>5</b>
ARTICLE VII INCORPORATOR		2 LE
The <u>name and address</u> of the Incorporator is:		
Name: Malgoroka	M. Solazar	455 X 1
Address: 13075 SQ	83ANC	t,e' €#1
Pinerest, F	1.33156	
ARTICLE VIII EFFECTIVE DATE:	/	
Effective date, if other than the date of filing: _ (If an effective date is listed, the date must b days after the filing.)	e specific and cannot be more than five bu	NAL) Isiness days prior or 90 business
Note: If the date inserted in this block does not the document's effective date on the Departme		ments, this date will not be listed as
Having been named as registered agent to acc	ant somice of average for the shows stated as	omenation at the whole designated
this certificate, I am familiar with and accept t	ept service of process for the above stated co <del>ve appointmen</del> t as registered agent and agree	orporation at the place designated to act in this capacity
Mala	m	4/27/2016
Required Signature	Registered Agent	Date
I submit this document and affirm that the <u>fa</u> document to the Department of State constitute	of Mated herein are true. I am aware that t	the false information submitted in
A A L	a u mora aegree jewny as providea jor in \$201	1/04/0
( 1/2 TIMM		4/2/2016

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