

MAY/13/2016/FRI 01:03

P. 001/003

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
WILFREDO O. QUINTANA, P.A.

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

RECEIVED

16 MAY 13 PM 12:24

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

16 MAY 13 AM 11:07

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: WILFREDO O. QUINTANA, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9537 HARDING AVESURFSIDE, FL 33154**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

REALTOR ASSOCIATE.**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WILFREDO O. QUINTANA (P)

Name and Title: _____

Address 9537 HARDING AVE

Address: _____

SURFSIDE, FL 33154

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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: WILFREDO O. QUINTANA
Address: 9537 HARDING AVE
SURFSIDE, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILFREDO O. QUINTANA
Address: 9537 HARDING AVE
SURFSIDE, FL 33154

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


Required Signature/Registered Agent

05/11/2016

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

05/11/2016

Date