P16000140396

06/08/2016 14:03 3052201440 LAZARUS PAGE 01/03

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000140397 3)))

H16000140397 3ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

16 JUN -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
16 JUN -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ANGELIZ RODRIGUEZ P.A.

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

Electronic Filing Menu Corporate Filing Menu Help

H16000140397

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: Angeliz Rodriguez PA.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
260 Crandon Blvd.
Suite 25
Key Biscayne FL 33149

Mailing address, if different is:
739 Crandon Blvd
Apt. 502
Key Biscayne, FL 33149

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Realtor (For tax purposes)

FILED
16 JUN -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angeliz Rodriguez-Mata (P)
Address: 739 Crandon blvd.
Apt. 502
Key Biscayne, FL 33149

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H16000140397

H16000140397 (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: Angeliz Rodriguez - Maza

Address: 739 Crandon BLVD
Apt 502 Key Biscayne, FL 33

FILED
16 JUN -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Angeliz Rodriguez-Maza

Address: 739 Crandon Blvd.
Apt. 502
Key Biscayne, FL 33149

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.

_____ 6/7/16
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.

_____ 6/7/16
Required Signature/Incorporator Date