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(Re	equestor's Name)		
(Ac	ddress)		
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PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		





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SECRETARY OF SHARE PLUMB.

COVER LETTER

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

SUBJECT: MARIC	ELA RODRIGUEZ "P.A"		
30bjise1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
487	5 NW 178 TERRACE	Address	
MIA	AMI GARDENS, FL, 33055	Address	
	City	, State & Zip	
786	-267-7222		
<u> </u>	Daytime 1	Telephone number	
DRA	AMARYRODRIGUEZ@GMAIL.C	ОМ	
	E-mail address: (to be use	d for future annual report	notification)

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

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

4875 NW 178 TE	NCIPAL OFFICE Principal street address	Mailing add 4875 NW 178 TE	lress, if different is:
MIAMI MARDENS	, FL 33055	MIAMI GARDENS	FL, 33055
ARTICLE III PUR The purpose for whice	POSE h the corporation is organized is:	L ESTATE SERVICES	
			and and pagenger
ARTICLE V INT	of stock is:		PH 5: 31
Name and T	itle: MARICELA RODRIGUEZ-DIRECTOR	Name and Title:	
Address	4875 NW 178 TE	Address:	
	MIAMI GARDENS, FL, 33055		
Name and Ti	tle:	Name and Title:	
Address	,		
			
Name and Ti	tle:	Name and Title:	

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	*** · · · · · · · · · · · · · · · · · ·		
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	MARICELA RODRIGUEZ		
Address:	4875 NW 178 TERRACE		
	MIAMI GARDENS, FL, 33055	 Ps. 5	· Ku
			esser.
ARTICLE VII	<u>INCORPORATOR</u>	ASSI 27	11.0
The name and a	ddress of the Incorporator is:		ĺ
Name:	MARICELA RODRIGUEZ		1. u'. •
Address:	4875 NW 178 TERRACE		
	Urani Gardens, Fl. 33	<u>055</u>	
Effective date, if (If an effective days after the fine the Mote: If the date	iling.)	(OPTIONAL) cannot be more than five business days prior or 90 business icable statutory filing requirements, this date will not be listed ords.	
Having been na this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment	rocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity	d in
	Required Signature/Registered Ager	06/23/2016 Date	
I suhmit this do		n are true. I am aware that the false information submitted i	in a
document to the	Department of State constitutes a third degree	e felony as provided for in s.817.155, F.S.	
		06/23/2016	
Requ	nired Signature/Incorporator	Date	

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