

P160000058690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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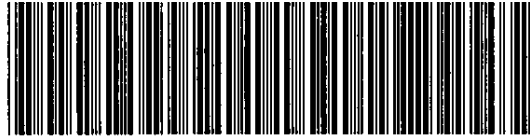
(Business Entity Name)

(Document Number)

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

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16 JUL -7 AM 9:04  
TOLSON, J. EDGAR

## COVER LETTER

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

SUBJECT: CARLA ROCHA P.A.  
(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  
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 COPY REQUIRED**

FROM: CARLA ROCHA  
Name (Printed or typed)

12677 NW 15 STREET  
Address

SUNRISE, FL 33323  
City, State & Zip

954-895-7341  
Daytime Telephone number

carlalcrocha@gmail.com  
E-mail address: (to be used for future annual report notification)

CARLALCROCHA@gmail.com

**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)

**ARTICLE I NAME**

The name of the corporation shall be: CARLA ROCHA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12677 NW 15 STREET  
SUNRISE, FL 33323

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CARLA ROCHA, PRESIDENT Name and Title: \_\_\_\_\_

Address 12677 NW 15 ST Address: \_\_\_\_\_  
SUNRISE, FL 33323

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

Address N/A Address: \_\_\_\_\_

Name and Title: N/A Name and Title: N/A

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

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16 JUL - 7 AM 9:01  
N/A

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLA ROCHA  
Address: 12677 NW 15 STREET  
SUNRISE, FL 33323

**ARTICLE VII INCORPORATOR**

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

Name: CARLA ROCHA  
Address: 12677 NW 15 ST  
SUNRISE, FL 33323

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/28/2016 (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*

Carla Rocha  
Required Signature/Registered Agent

6/28/16  
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.*

Carla Rocha  
Required Signature/Incorporator

6/28/16  
Date