

P16000070843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

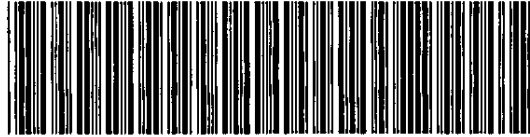
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 29 AM 11:25

8/29/16

COVER LETTER

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

SUBJECT: CRISTOBAL MARTIN 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CRISTOBAL MARTIN
Name (Printed or typed)

1251 NE 108 ST # 515
Address

MIAMI, FLORIDA 33161
City, State & Zip

786 704 3920
Daytime Telephone number

tva727@YAHOO.COM.
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 AUG 29 AM 9:58

TALLAHASSEE, FLORIDA

August 9, 2016

CRISTOBAL MARTIN
1251 NE 108 STREET #515
MIAMI, FL 33161

SUBJECT: CRISTOBAL MARTIN P.A.
Ref. Number: W16000055076

We have received your document for CRISTOBAL MARTIN P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Complete ARTICLES VI AND VII.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 616A00016765

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: @RISTOBAL MARTIN P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1251 NE 108 ST # 515
MIAMI FL 33161

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR REAL ESTATE PURPOSE
PROFESSIONAL CORPORATION TO OPEN A
BANK ACCOUNT.

16 AUG 29 AM 11:25
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 10 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~CRISTOBAL MARTIN~~ Name and Title: ~~CM~~ - PRINCIPAL.

Address: _____ Address: _____

Name and Title: @RISTOBAL MARTIN Name and Title: MANAGING MEMBER

Address: 1250 NE 108 ST Address: _____

515 MIAMI FL
33161

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. Box NOT acceptable) of the registered agent is:

Name:

CRISTOBAL MARTIN

Address:

1251 NE 108 ST #515
MIAMI 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

CRISTOBAL MARTIN

Address:

1251 NE 108 ST #515
MIAMI FL. 33161

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

CRISTOBAL MARTIN

Required Signature/Registered Agent

07/25/2016
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.

CRISTOBAL MARTIN

Required Signature/Incorporator

07/25/2016
Date