

PIL0000083416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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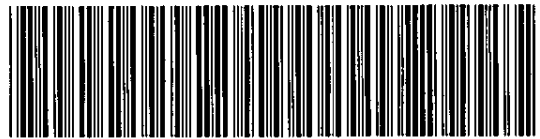
(Business Entity Name)

(Document Number)

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

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10/03/16--01012--015 \*\*70.00

16 OCT 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

THE LAW FIRM OF BEATRICE DE ARMAS & ASSOCIATES, P.A.

BEATRICE DE ARMAS, ESQ.

Miami September 26, 2016.

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Incorporation of **Ronoel De La Rosa, P.A.**

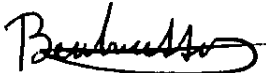
To whom it may concern:

Enclosed herewith please find the following:

1. Original and copy of the Article of Incorporation of the above captioned corporation.
2. A check in the amount of \$ 70.00 for the filing fee.

We would appreciate your issuance of the corporate charter.

Sincerely yours,



Beatrice De Armas, Esq.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2016

RONOEL DE LA ROSA  
3880 BIRD ROAD, #710  
MIAMI, FL 33146

SUBJECT: RONOEL DE LA ROSA, P.A.  
Ref. Number: W16000068039

We have received your document for RONOEL DE LA ROSA, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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: 916A00021282

RECEIVED

16 OCT 14 AM 10:11

Division of Corporations  
P.O. Box 6327 Tallahassee, Florida 32314

**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: RONOEL DE LA ROSA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3880 BIRD ROAD; # 710

MIAMI, FL 33146

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This Corporation is being organized for the purpose of engaging in  
any and all business activities permitted under the laws of the State of America, including without limitation, the right to own,  
lease, sell, convey, and encumber real property.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: RONOEL DE LA ROSA (P)

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

Address 3880 BIRD ROAD; # 710

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

MIAMI, FL 33146

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

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

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

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

16 OCT 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: RONOEL DE LA ROSA

Address: 3880 BIRD ROAD; # 710

MIAMI, FL 33146

**ARTICLE VII INCORPORATOR**

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

Name: RONOEL DE LA ROSA

Address: 3880 BIRD ROAD; # 710

MIAMI, FL 33146

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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*



\_\_\_\_\_  
Required Signature/Registered Agent

09/29/2016

\_\_\_\_\_  
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

09/29/2016

\_\_\_\_\_  
Date