

P16000099271

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.

((H16000307429 3)))



H160003074293ABC%

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MANUEL DIEGUEZ CPA PA**

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

FILED
2016 DEC 16 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

V HERRING
DEC 19 2016

12/16/2016 11:21
850-817-8381

3052201440

LAZARUS

PAGE 01/04

12/16/2016 10:29:04 AM PAGE 1/001 Fax Server



December 16, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: MANUEL DIEGUEZ CPA PA
REF: W16000084106

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000307429
Letter Number: 116A00026735

P.O. BOX 6327 - Tallahassee, Florida 32314

H16000307429

ARTICLES OF INCORPORATION

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

EFFECTIVE DATE 01-01-2017

ARTICLE I NAMEThe name of the corporation shall be: MANUEL DIEGUEZ CPA PAARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

2930 SW 104th MIAMI FL 33165

Mailing address, if different is:

SAMEARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE ACCOUNTING & TAX SERVICESARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MANUEL DIEGUEZ PRESIDENT

Name and Title: _____

Address: 2930 SW 104th

Address: _____

MIAMI FL 33165

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2016 DEC 16 AM 10:47
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

H16000307429

ARTICLE VI REGISTERED AGENT

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

H16000307429

Name: MANUEL DIEGUEZ
Address: 2930 SW 104 CT
MIAMI FL 33105

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL DIEGUEZ
Address: 2930 SW 104 CT
MIAMI FL 33105

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

[Signature]
Required Signature/Registered Agent

12/14/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature/Incorporator

12/14/16
Date

FILED
2016 DEC 16 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000307429