

2/2/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
CONSTANZA GOMEZ, P.A.

Certificate of Status	0
Certified Copy	1
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FEB 03 2017

K Brumley

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CONSTANZA GOMEZ, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address1818 SW 1 AVEAPT: 1111MIAMI, FL 33129

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CONSTANZA GOMEZ (P/S/D)Address: 1818 SW 1 AVEAPT: 1111MIAMI, FL 33129

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CONSTANZA GOMEZ
Address: 1818 SW 1 AVE APT: 1111
MIAMI, FL 33129

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CONSTANZA GOMEZ
Address: 1818 SW 1 AVE APT: 1111
MIAMI, FL 33129

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 days prior or 90 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

1/23/17
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

1/23/17
Date