P1700016220

(December 1 - November 1)				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE ALLAHASSEE, FLORID

2 02/22/17

W17-10418



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2017

RUBEN MURO 3400 N.E. 192 ST., #2110 AVENTURA, FL 33180

SUBJECT: RUBEN G MURO P.A. Ref. Number: W17000010418

We have received your document for RUBEN G MURO 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):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 917A00002302

COVER LETTER

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

SUBJECT: RUBEN	G MURO PA		
30101	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Evaluated and an extra	ingland one (1) come of the same	ialas a Sima a manation am	d a alsoale fam
unciosed are an orig	inal and one (1) copy of the art	icles 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 o
		ADDITIONAL CO	Status
		ADDITIONAL CO	or i required
RU FROM:	BEN G MURO		
i KOWI	Nam	e (Printed or typed)	
340	0 NE 192 ST # 2110		
		Address	
۸V	ENTURA . FL, 33180		
	City	, State & Zip	
	[780.)201-a	6473	
	Daytime	Telephone number	
	MUNOSUAREZ	Q Yahoo. G	ort.
	E-mail address: (to be use	ed for future annual report	notification)

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)

I <i>CLE II PRIN</i> N E 192ST # 21	Principal <u>street</u> address	Mailing add SAME	lress, if different is:
NTURA, FL, 33	180		
ICLE III PURI Jurpose for which	POSE In the corporation is organized is: HAHE CONSULTON	facounting Sene	ices 3
			SEURE IARY
			11177
	of stock is:		E SIAIE
number of shares of shares of the shares of	Of stock is: IAL OFFICERS AND/OR DIRECTOR		8: 37 SIAIE LORIDA
number of shares of shares of the shares of	TAL OFFICERS AND/OR DIRECTOR THE: RUBEN G MURO / P 3400 NE 192ND ST # 2110	Name and Title:	8: 37 SIAIE LORIDA
number of shares of shares of the share of the share and Ti	of stock is: **IAL OFFICERS AND/OR DIRECTOR** tle: **RUBEN G MURO / P** 3400 NE 192ND ST # 2110	Name and Title:	8: 37 SIAIE LORIDA
number of shares of shares of the share of the share and Ti	of stock is: TAL OFFICERS AND/OR DIRECTOR THE: RUBEN G MURO / P 3400 NE 192ND ST # 2110 AVENTURA, FL, 33180	Name and Title:	8: 37 SIAIE LORIDA
Name and Ti	of stock is: TAL OFFICERS AND/OR DIRECTOR THE: RUBEN G MURO / P 3400 NE 192ND ST # 2110 AVENTURA, FL, 33180	Name and Title: Address: Name and Title:	8: 37 SIAIE LORIDA
Name and Tit	TAL OFFICERS AND/OR DIRECTOR THE: RUBEN G MURO / P 3400 NE 192ND ST # 2110 AVENTURA, FL, 33180	Name and Title: Address: Name and Title:	8: 37 SIAIE LORIDA
Name and Tit Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTOR THE: RUBEN G MURO / P 3400 NE 192ND ST # 2110 AVENTURA, FL, 33180	Name and Title:Address:Name and Title:Address:	8: 37 SIAIE LORIDA

Name	and Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and</u> Name:	Florida street address (P.O. Box NOT accept RUBEN G MURO	able) of the registered agent is:
Address:	3400 NE 192ND ST # 2110	
Address.	AVENTURA, FL. 33180	TALL
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	FILF FEB 21 CRE IARY CAHASSI
The <u>name and</u>	address of the Incorporator is:	ED AM
Name:	RUBEN G MURO	F SIAII
Address:	3400 NE 192ND ST # 2110	R 8: 37
	AVENTURA, FL, 33180	
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the
Note: If the dathe document's	ate inserted in this block does not meet the app s effective date on the Department of State's re	ficable statutory filing requirements, this date will not be listed as cords.
Having been n this certificate,	I am fumilfar with and accept the appointmen	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
· (//		01/27/2017
	Required Signature/Registered Age	ent Date
I submit alis d document to th	ocument and affirm that the facts stated here e Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a refelony as provided for in s.817.155, F.S.
, C	1 7/10	01/27/2017
· · · X	nuired Signature/Incorporator	Date