

P17000083675

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
MARIA C. RAMOS P.A.

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

17 MAR 28 PM 3:23  
DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA  
17 MAR 28 AM 10:12  
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March 28, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: MARIA C. RAMOS P.A.  
REF: W17000026512

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

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H17000083675  
Letter Number: 417A00005900

H17000023675

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: MARIA C. RAMOS P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
19707 TURNBERRY WAY # 12K  
AVENTURA, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLINA C. RAMOS (P) Name and Title:  
Address: 19707 TURNBERRY Address:  
# 12  
AVENTURA, FL 33180

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

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

SECRETARY OF STATE  
CORPORATE SERVICES  
TALLAHASSEE, FLORIDA

17 MAR 28 AM 10:12

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AND  
FILED

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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: MARIA C. RAMOS

Address: 19707 TURNBERRY WAY # 12K  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA C. RAMOS

Address: 19707 TURNBERRY WAY # 12K  
AVENTURA, FL 33180


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

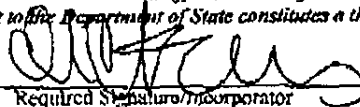
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 \_\_\_\_\_ 03/23/2017  
Required Signature/Registered Agent 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.

 \_\_\_\_\_ 03/28/2017  
Required Signature/Incorporator Date

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