

P/7000042342

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.

(((H17000130172 3)))



H170001301723ABCW

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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
MARLINA LERMA, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED
17 MAY 11 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-040919

05/12/17

<https://efile.sunbiz.org/scripts/efilcovr.exe>

400

ARTICLES OF INCORPORATION PROFESSIONAL CORPORATION

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

DATE: May 10, 2017

ARTICLE I - NAME

The name of the Professional Association is:

MARLINA LERMA, P.A.

FILED
17 MAY 11 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE ADDRESS:

The mailing address and street address of the principal office of the Professional Association is:

**8035 S.W. 109 TERRACE
MIAMI, FL 33156**

ARTICLE III - PURPOSE:

The purpose for which the Professional Association is organized is: For the purpose of engaging in the Professional Services of a Real Estate Agency.

ARTICLE IV - SHARES:

The number of shares initially authorized of stock is: 7,500

(continued)

ARTICLE V - INITIAL OFFICER AND/OR DIRECTOR:

The name and Florida Street address of the Initial Officer is:

Name and Title:

Address:

Marlina Lerma

**8035 S.W. 109 TERRACE
MIAMI, FL 33156**

ARTICLE VI - REGISTERED AGENT:

The name and Florida Street address of the registered agent is:

Name:

Address:

Marlina Lerma

**8035 S.W. 109 TERRACE
MIAMI, FL 33156**

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

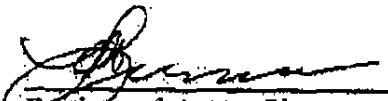
Name:

Address:

Marlina Lerma

**8035 S.W. 109 TERRACE
MIAMI, FL 33156**

Having been named as registered agent to accept service of process for the above stated Professional Association 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.



Registered Agent Signature

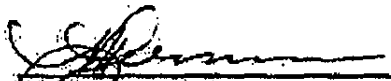
5/10/17
Date

(continued)

ARTICLE VIII - EFFECTIVE DATE

The effective date of the Professional Association shall be: May 11, 2017.

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.


Member/Manager Signature

5/10/17
Date

17 MAY 11 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA