

P17000042927

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

MAY 16 2017



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
17 MAY 15 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 2, 2017

JUAN JOSE SANABRIA
1483 BARCELONA WAY
WESTON, FL 33327

SUBJECT: JUAN JOSE SANABRIA, PA
Ref. Number: W17000037522

17 MAY 15 PM 2:58
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for JUAN JOSE SANABRIA, PA 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 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 117A00008528

JUAN JOSE SANABRIA, PA
1483 BARCELONA WAY
WESTON, FL 33327
954-701-1607

FILED
17 MAY 15 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 25, 2017

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
PO BOX 6327
TALLAHASSEE, FL 32314

Attention: Valerie
Fax# 1-850-245-6804

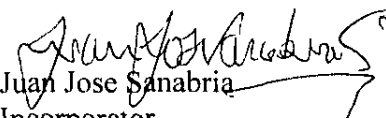
Ref: Filing fee and Articles of new corporation for Juan Jose Sanabria, PA

Dear Department of State,

I own the company named Juan Jose Sanabria, PA, this company is currently inactive with the Florida Department of Corporations document number P15000000462, I know the name will be available on September of this year but I will NOT be reinstating the name and would like to request that it becomes available so you can process the attached Articles of Incorporation under the same name.

If you have any questions do not hesitate to call me at the number above.

Cordially,


Juan Jose Sanabria
Incorporator

COVER LETTER

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

SUBJECT: JUAN JOSE SANABRIA, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JUAN JOSE SANABRIA
Name (Printed or typed)

1483 BARCELONA WAY
Address

WESTON FL 33327
City, State & Zip

954-701-1607
Daytime Telephone number

CAROLINA@THESASATEAM.COM
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: JUAN JOSE SANABRIA, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1483 BARCELONA WAY

1483 BARCELONA WAY

WESTON FL 33327

WESTON FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
TO ENGAGE IN THE BUSINESS OF PRESENTING SELLERS AND/OR BUYERS IN THE PURCHASE AND SALE
OF REAL ESTATE PROPERTIES IN FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JUAN JOSE SANABRIA PD</u>	Name and Title:	<u>CAROLINA SANABRIA VP</u>
Address	<u>1483 BARCELONA WAY</u>	Address:	<u>1483 BARCELONA WAY</u>
	<u>WESTON FL 33327</u>		<u>WESTON FL 33327</u>

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

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

FILED

17 MAY 15 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NEXT DAY TAX INC

Address: 2457 EAST COMMERCIAL BLVD

FORT LAUDERDALE FL 33308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JUAN JOSE SANABRIA

Address: 1483 BARCELONA WAY

WESTON FL 33327

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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

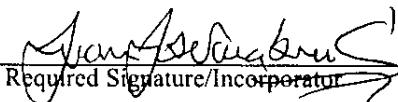


Required Signature/Registered Agent

APRIL 25TH, 2017

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

APRIL 25TH, 2017

Date