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(Requestor's Name)

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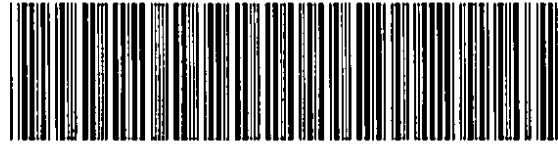
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JAN -2 PM12: 57

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**COVER LETTER**

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

SUBJECT: LUISA GABRIELA OCAMPO, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: LUISA GABRIELA OCAMPO  
Name (Printed or typed)

800 PARKVIEW DRIVE, APT 325  
Address

HALLANDALE BEACH, FL 33009  
City, State & Zip

305-205-5125  
Daytime Telephone number

OCAMPO.GABY9@gmail.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: LUISA GABRIELA OCAMPO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

800 PARKVIEW DR., APT 325  
HALLANDALE BCH., FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT REAL ESTATE  
BUSINESS IN FLORIDA, IN A LAWFUL WAY THAT  
A CORPORATION MAY BE ORGANIZED UNDER THE  
GENERAL CORPORATION LAW OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LUISA GABRIELA OCAMPO - PRESIDENT</u>	Name and Title:	_____
Address	<u>800 PARKVIEW DR, APT 325</u> <u>HALLANDALE BCH, FL 33009</u>	Address:	_____

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

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

2018 JAN -2 PM 12:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

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: LUISA GABRIELA OCAMPO  
Address: 800 PARKVIEW DRIVE, APT 325  
HALLANDALE BCH, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUISA GABRIELA OCAMPO  
Address: 800 PARKVIEW DR., APT 325  
HALLANDALE BCH FL 33009

**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*

*Luisa G. Ocampo* / LUISA G. OCAMPO 12-5-17  
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.*

*Luisa G. Ocampo* / LUISA G. OCAMPO. 12-5-17  
Required Signature/Incorporator Date