

5/1/2018

Division of Corporations

Florida Department of State
Division of Corporations
Section of Electronic Filings
P18000039033

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.

(((H18000136609 3)))



H180001366093ABC1

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2018 MAY -1 PM 2:06

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Derek Barra, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -1 AM 10:37

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

docomp signature verification: www.docomp.com/signature-verification.html

((H18000136609 3)))

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: Derek Barra, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8575 NW 52 Place
Coral Springs, FL. 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derek Barra - P
Address: 8575 NW 52 Place
Coral Springs, FL.
33067

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2018 MAY - 1 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

((H18000136609 3)))

detloop signature verification: www.detloop.com/myVerification/DL4135591012_1247

((H18000136609 3)))

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: Carol Sokolow, CPA
Address: 9500 S. Dadeland Blvd, Ste 700
Miami, FL. 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derek Barra
Address: 8575 NW 52 Place
Coral Springs, FL 33067

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 business days prior or 90 business 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

Carol Sokolow
Required Signature/Registered Agent

4/30/18
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.

Derek Barra
Required Signature/Incorporator

04/30/2018
Date

((H18000136609 3)))