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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LIZETTE MARANON-CANCELA PA.

Certificate of Status	0
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LIZETTE MARANON-CANCELA PA. ATX1

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: LIZETTE MARANON-CANCELA PA.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
6380 SW 49 STREET	
MIAMI, FL 33155	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any and all Real Estate services permitted under the laws of the United States of America and the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares at $1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	LIZETTE MARANON-CANCELA, PRES.	Name and Title:	
Address:	6380 SW 49 STREET	Address:	
	MIAMI, FLORIDA 33155		
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:		Address:	

LIZETTE MARANON-CANCELA PA.

ATX1

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: LIZETTE MARANON-CANCELA

Address: 6380 SW 49 STREET

MIAMI, FLORIDA 33155

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LIZETTE MARANON-CANCELA

Address: 6380 SW 49 STREET

MIAMI, FLORIDA 33155

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

L Maranon - Cancela

Required Signature/Registered Agent

11/21/2018

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.

L Maranon - Cancela

Required Signature/Incorporator

11/21/2018

Date