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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**JUANITA GOMEZ , P.A.**

| | |
|---|---|
| Certificate of Status | 0 |
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# 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: JUANITA GOMEZ, P.A.

*ARTICLE II PRINCIPAL OFFICE*

Principal street address:
18421 NE 27th CT
AVENTURA, FL 33160

Mailing address, if different is:
SAME

*ARTICLE III PURPOSE*
The purpose for which the corporation is organized is: REAL ESTATE

*ARTICLE IV SHARES*
The number of shares of stock is:

*ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS*

Name and Title: JUANITA GOMEZ
Address: 18421 NE 27th CT
AVENTURA, FL 33160

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: JUANITA GOMEZ

Address: 18421 NE 27th CT

AVENTURA, FL 33160

***ARTICLE VII INCORPORATOR***

The name and address of the Incorporator is:

Name: JUANITA GOMEZ, P.A.

Address: 18421 NE 27th CT

AVENTURA, FL 33160

***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*

JUANITA GOMEZ 01/24/2019

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.*

Required Signature/Incorporator Jan. 23. 2019.

Date