

Feb. 11. 2019 11:46AM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

Email Address: DAN@CPA@TAMPABAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
AIRIAM CAPESTANY CRESPO, PA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AIRIAM CAPESTANY CRESPO, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address115 112TH AVE NE SUITE 205ST PETERSBURG, FL 33716

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

TO OPERATE A LICENSED REAL ESTATE AGENT'S BUSINESS OR ANY OTHER LEGAL BUSINESS IN THE
STATE OF FLORIDA.

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AIRIAM CAPESTANY CRESPO, PST

Address

115 112TH AVE NE SUITE 205ST PETERSBURG, FL 33716

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID C HASTINGS, CPA
 Address: 2207 54TH ST S
 GULFPORT, FL 33707

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

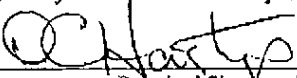
Name: DAVID C HASTINGS, CPA
 Address: 2207 54TH ST S
 GULFPORT, FL 33707

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

02/08/2019

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

02/08/2019

Date

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