

P19000023062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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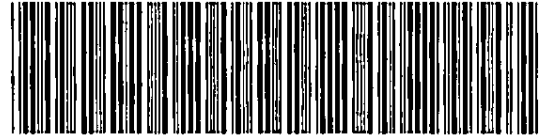
Special Instructions to Filing Officer:

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MAR 18 2019 11:30 AM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2019

MARIA JIMENA CORRAL  
11401 NW 89 STREET UNIT 101  
DORAL, FL 33178

SUBJECT: MARIA JIMENA CORRAL, P.A.  
Ref. Number: W19000013759

We have received your document for MARIA JIMENA CORRAL, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 719A00002992

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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: MARIA JIMENA CORRAL  
 Address: 11401 NW 89 STREET UNIT 101  
DORAL, FL 33178

DEPARTMENT OF STATE  
 19 MAR 18 AM 11:30  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA JIMENA CORRAL  
 Address: 11401 NW 89 STREET UNIT 101  
DORAL, FL 33178

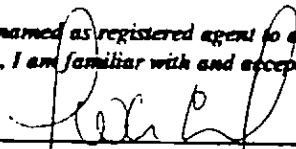
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/16/2018 (OPTIONAL)

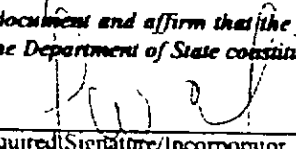
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:*

 11/16/2018  
 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.*

 11/16/2018  
 Required Signature/Incorporator Date