

PI9000039167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

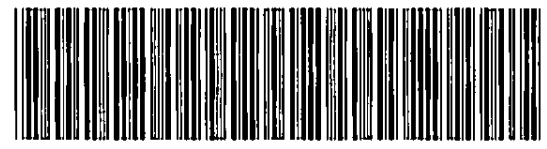
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400328414354

05/02/19--01006--013 *487.56

FILED
2019 MAY -2 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Juan Manuel Cerpa P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Juan Manuel Cerpa
Name (Printed or typed)

5232 Coral Way Apt 708
Address

Coral Gables, FL 33145
City, State & Zip

(305) 528-7567
Daytime Telephone number

juanmanuel_cerpa@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Juan Manuel Cerpa P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3232 Coral Way Apt 708
Coral Gables, FL 33145

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a professional
service as a Real Estate Sales Associate
and to record all the activities in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Juan Cerpa - Initial Officer</u>	Name and Title:	_____
Address	<u>3232 Coral Way</u> <u>Apt 708</u> <u>Coral Gables, FL 33145</u>	Address:	_____

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

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

FILED
2019 MAY -2 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL

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: Juan Manuel Cerpa
Address: 3232 Coral Way Apt 708
Coral Gables, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Manuel
Address: 3232 Coral Way Apt 708
Coral Gables, FL 33145

FILED
2019 MAY -2 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL

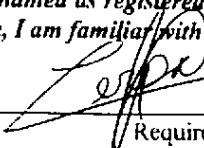
ARTICLE VIII EFFECTIVE DATE:

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

4/30/19
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

4/30/19
Date