

P19 000 064 268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

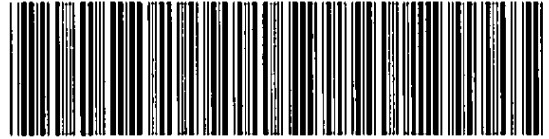
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AUG 16 2019

COVER LETTER

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

SUBJECT: Mark Cintron, 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 ☒ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee.
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Mark Cintron

Name (Printed or typed)

3951 Adra Ave

Address

Doral, FL 33178

City, State & Zip

786-797-9273

Daytime Telephone number

cintron.mark@gmail.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: Mark Cintron, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14261 Commerce Way Suite 205

14261 Commerce Way Suite 205

Miami Lakes, FL 33016

Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the practice of real estate services and all other activities
permitted under applicable law.

ARTICLE IV SHARES

The number of shares of stock is: 2000 at \$.01 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Cintron - Director

Name and Title: _____

Address 3951 Adra Ave

Address: _____

Doral, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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HALLAMSBIE, FL 33016

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: Mark Cintron
Address: 14261 Commerce Way Suite 205
Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mark Cintron
Address: 14261 Commerce Way Suite 205
Miami Lakes, FL 33016

CALLAHAN, SHELLEY, FIDELITY
19 JUL 26 PM 1:10


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 18th, 2019 (OPTIONAL)

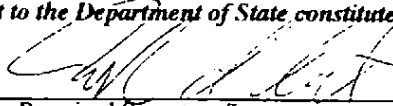
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 7/19/19
Required Signature/Registered Agent Date
Mark A. Cintron

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.

 7/19/19