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

From:  
Account Name : FANJUL CPA, INC.  
Account Number : I20130000039  
Phone : (305)603-8791  
Fax Number : (877)503-6086

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LILIA A GONZALEZ, PA**

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: LILIA A GONZALEZ, PA**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
1621 COLLINS AVENUE APT 208  
MIAMI BEACH, FL 33139Mailing address, if different is:  
1621 COLLINS AVENUE APT 208  
MIAMI, FL 33139**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

REAL ESTATE SALES ASSOCIATE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LILIA A GONZALEZ- PAddress: 1621 COLLINS AVENUE APT 208  
MIAMI BEACH, FL 33139

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: LILIA A GONZALEZ  
Address: 1621 COLLINS AVENUE APT 208  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: LILIA A GONZALEZ  
Address: 1621 COLLINS AVENUE APT 208  
MIAMI BEACH, FL 33139


**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:*

x   
\_\_\_\_\_  
Required Signature/Registered Agent

8-21-2019  
\_\_\_\_\_  
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.*

x   
\_\_\_\_\_  
Required Signature/Incorporator

8-21-2019  
\_\_\_\_\_  
Date

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