

P19000071180

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000275061 3)))



H190002750613ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARIA SOSA P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

19 SEP 17 PM 2:51
SECRETARY OF STATE
TAMMUNASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

* ATT: TYRON

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN: 82-3105853

ARTICLE I NAME: The name of the corporation is:

MARIA SOSA P.A.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11910 SW 5 ST.

MIAMI FL 33184

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MARIA C SOSA - P

ARTICLE V: PURPOSE

REAL ESTATE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIA C SOSA

11910 SW 5 ST.

MIAMI FL 33184

ARTICLE VII INCORPORATOR: The name and address of the Incorporator is:

MARIA C SOSA

11910 SW 5 ST.

MIAMI FL 33184

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 SEP 17 PM 2:51

FILED

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.

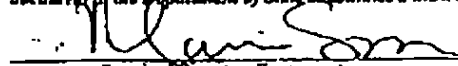
Having been named as registered agent to accept service of process for the above stated corporation at this place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

Date