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	Division of Corporations			쯦
		: (850)617-6381		
From:			iri - :	Φ
91111	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	(C)	
	Account Number			- :
	Phone	: (305)552-5973	; · · · · ·	
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FLORIDA PROFIT/NON PROFIT CORPORATION LUIS GONZALEZ REALTY P.A.

Certificate of Status	0
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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:	nzalez Realty	, P.A.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address,	
14920 SW /1st		
Miami, +1 33194		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ealtor	2019 S
		<u> </u>
	•	ω ω
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Luis Fernando Goni Address 14920 SW II MIAMI FL 3	- , (Y)	
Name and Title:	Name and Title:	
Address	Address:	
	 _	
Name and Title:	Name and Title:	
Address	Address:	

Name and Title:	Name and Title:
Address	_ Address:
ARTICLE VI REGISTERED AGENT	200 Z
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of Name:	
Name: (1) (2) (2) (1) (1) (1)	L Gonzalez 類質型
Address: 14920 SW 11 S	
MIAMI FL 33	3194
	, = O
ARTICLE VII INCORPORATOR	; 5
The name and address of the Incorporator is:	
Name: LUIS ternando	Gonzalez
Address: 14920 SW 11	ST
MIAMI FL =	12194
TOTAL TELESCOPE	١١١رعج
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 filing.)	of be more than five days prior or 90 days after the
-	44
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process, this certificate, I am familiar with and accept the appointment as re-	s for the above stated corporation at the place designated in
	alialia
Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are	true I am aware that the fale information submitted in -
document to the Department of State constitutes a third degree felo	ry as provided for in s.817.155, F.S.
	9/19/19
Required Signature/Incorporator	Date