

**Electronic Articles of Incorporation
For**

P19000078798
FILED
October 04, 2019
Sec. Of State
tscott

GIOVANNI VASQUEZ, P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

GIOVANNI VASQUEZ, P.A.

Article II

The principal place of business address:

10255 NW 9 ST CIR
APT 204
MIAMI, FL. UN 33172

The mailing address of the corporation is:

10255 NW 9 ST CIR
APT 204
MIAMI, FL. UN 33172

Article III

The purpose for which this corporation is organized is:

REAL ESTATE

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

GIOVANNI VASQUEZ
10255 NW 9 ST CIR
APT 204
MIAMI, FL. 33172

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: GIOVANNI VASQUEZ

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Article VI

The name and address of the incorporator is:

GIOVANNI VASQUEZ
10255 NW 9 ST CIR
APT 204
MIAMI FL 33172

Electronic Signature of Incorporator: GIOVANNI VASQUEZ

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The effective date for this corporation shall be:

10/01/2019

P19000078798

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

F.S. 685.25

State of Florida

County of Miami-Dade

The foregoing instrument was acknowledged before

me this 21 day of October, 2019.

Date Month Year

by Giovanni E. Vasquez
Name of Person Acknowledging

who is personally known to me or who has produced

FL DL V220-285-84-LIC-DEXP: 11-5-2024

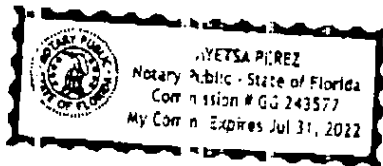
Type of Identification

as identification.

Signature of Notary Public

Ayetsa Perez

Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Notary Public -- State of Florida

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____