

P19000079178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

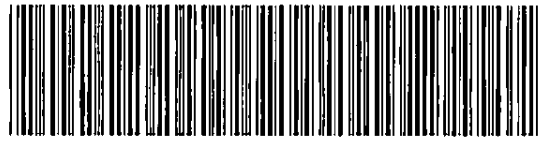
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/18/19--01002--013 **70.00

19 OCT 18 11:13:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2019 OCT 22 AM 8:55

FILED

OCT 22 2019

10:50 AM

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE SEGUOLA GROUP P.A.

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: THE SEGUROLA GROUP 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Jose Seguro/a
Name (Printed or typed)

7210 Red Road, Suite 217-A
Address

South Miami, FL 33143
City, State & Zip

305-613-7576
Daytime Telephone number

joseseguro/a@aol.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: THE SEGUROLA GROUP P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7210 Red Road
Suite # 217-A
South Miami, FL 33143
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Professional Real Estate Services

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JOSE SEGUROLA -President</u>	Name and Title: _____
Address: <u>7210 Red Road</u> <u>Suite # 217-A</u> <u>South Miami, FL 33143</u>	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Jonathan Steszewski
Address: 1228 NW 165th Ave
Pembroke Pines FL 33028

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Jonathan Steszewski
Address: 1228 NW 165th Ave
Pembroke Pines FL 33028

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

Required Signature/Registered Agent
Date: 10-11-19

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: 10-11-19