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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		

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CAPITAL CONNECTION, INC.

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

Ricardo D'avilla, P.A.		
	Ì	
		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
	į	Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
orginature		Vehicle Search
		Driving Record
Requested by: Seth 11/15/19		UCC For 3 File
Name Date	Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In Will Pick U	p	Courier

COVER LETTER

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

SUBJECT: Ricardo D'avila, P.A. (PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
1228 NW 165th Ave	Q. (Printed or typed) Address
305-562-8348	028 State & Zip 'elephone number
·	ledina.com d for future annual report notification)
NOTE: Please provide the o	riginal and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N. The name of the corpo	AME Ricardo D'avila, P.A.		
	Principal street address	Mailing addr	ress, if different is:
	ti Hidden Hollow LN rie FL 33328		
ARTICLE III PU The purpose for whic Real Estate Ser	h the corporation is organized is:		
ARTICLE IV SI	of stock is:1000		
	IITIAL OFFICERS AND/OR DIRECTO Ricardo D'Avila Pres		
Address:	2881 Hidden Hollow LN	Address:	
	Davie FL 33328		
Name and Title		Nova and Title	
Address:	<u> </u>		
114070331			
Name and Title	:	Name and Title:	
Address:			
			
			· · · · · · · · · · · · · · · · · · ·
	EGISTERED AGENT a street address (P.O. Box NOT acceptable)	afitha maisternd amount in	₩ 15
Name:	Jonathan Steszewski. Esg		
Address:	1228 NW 165th Ave		NON T
	Pembroke Pines FL 33028	<u> </u>	30 to 1
ARTICLE VII II	TORPORATOR		
	ss of the Incorporator is:		
Name:	Jonathan Steszewski, Esq.		
Address:	1228 NW 165th Ave		4
	Pembroke Pines FL 33028		
Having been named this certificate, I am f	as registered agent to accept service of procumiliar with and accept the appointment as r	ess for the above stated corpora egistered agent and agree to act	tion at the place designated in in this capacity
	/ / //		11 -13 -19
· ·	Required Signature/Registered Agent	·	11 - 13 -19 Date
	ent and affirm that the facts stated herein a		
document to the Depo	urtment of Syfte constitutes a third degree felo	my as provided for in s.817.155,	F.S.
	-/1		11-13-15
	Required Signature/Incorporator		Date Date

COVER LETTER

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

_{SUBJECT:} Ricardo D'avila, P.A.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX)</u>
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED
FROM: Jonathan Steszewski, Esc Name	q. (Printed or typed)
1228 NW 165th Ave	
F	Address
Pembroke Pines, FL 33	028 State & Zip
•	· .
305-562-8348 Daytime T	elephone number
Jonathan@SteszewskiM E-mäil address: (to be used	edina.com I for future annual report notification)

NOTE: Please provide the original and one copy of the articles.