

P1900087175
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000341351 3)))



H19C00341.3513ABC

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

11/21/19

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
JUNKA LAHTTE P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JUNIKA Lahitte P.A**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

14492 SW. 127 Ct
Miami fl 3318611752 SW. 168th ter
Miami fl 33177**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUNIKA Lahitte (P) Name and Title: _____Address: 14492 SW. 127 Ct Address: _____
Miami fl 33186

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JUNIKA Lahitte
Address: 14492 SW 127 Ct
Miami FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JUNIKA Lahitte
Address: 14492 SW 127 Ct
Miami FL 33186

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

J. Lahitte
Required Signature/Registered Agent

11/21/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

J. Lahitte
Required Signature/Incorporator

11/21/19
Date