

P19000091215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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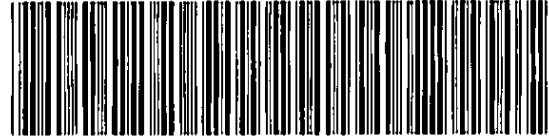
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 11 PM 12:06
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19 DEC 10 PM 4:18
CLERK OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: Rosa Clarisa Luna Revelo PA
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Juan C Martinez
Name (Printed or typed)
7050 W Palmetto Park Road, Suite 15-300.
Address
Boca Raton, FL 33433
City, State & Zip
305 503 5983
Daytime Telephone number
operations@achievegea.
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: Rosa Clarisa Luna Revelo PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9907 Three Lakes Circle.

7050 W Palmetto Park Road. Ste 15-300.

Boca Raton, FL 33428

Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

International Insurance Corporate Services

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fortunata Espinoza, President

Name and Title: _____

Address 9907 Three Lakes Circle.

Address: _____

Boca Raton, FL 33428

Name and Title: Rosa C Luna R, Director

Name and Title: _____

Address 9907 Three Lakes Circle.

Address: _____

Boca Raton, FL 33428

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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19 DEC 10 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL 32391

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Juan C Martinez

Address: 7050 W Palmetto Park Rd. Suite 15-300.

Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Aldo Marchena

Address: 7050 W Palmetto Park Road. Suite 15-300.

Boca Raton, FL 33433

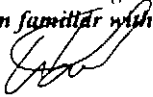
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

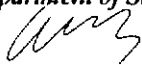


Required Signature/Registered Agent

Dec 10, 2019

Date

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

Dec 10, 2019

Date