

P19000091215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

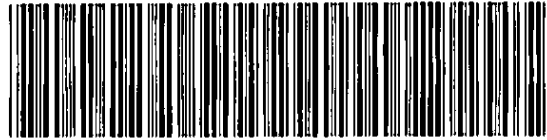
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 DEC 10 PM 4:18
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TALLAHASSEE, FLORIDA

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 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: 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,
Boca Raton, FL 33428

7050 W Palmetto Park Road, Ste 15-300,
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:	<u>Fortunata Espinoza, President</u>	Name and Title:	_____
Address	<u>9907 Three Lakes Circle,</u> <u>Boca Raton, FL 33428</u>	Address:	_____

Name and Title:	<u>Rosa C Luna R, Director</u>	Name and Title:	_____
Address	<u>9907 Three Lakes Circle,</u> <u>Boca Raton, FL 33428</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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TALLAHASSEE, FLORIDA

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

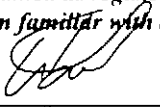
ARTICLE VIII EFFECTIVE DATE:

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

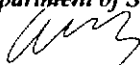
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ Dec 10, 2019
Required Signature/Registered Agent 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.

 _____ Dec 10, 2019
Required Signature/Incorporator Date