PHOWWOORS

(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:					





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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Fabian D Burbano Santamaria PA

COVER LETTER

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

SUBJECT: _FAB	IAN D BURBANO SANTA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:
☑ \$7 0.00 Filing Fee	□ \$78.75 Filing Fœ & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: FO	ORTUNATA ESPINOZA	(Printed or typed)	
<u>70</u>	50 W PALMETTO PARI	K ROAD. SUITE 1	5-300.
В	OCA RATON, FL 33433		
	City, S	State & Zip	
30	5-677-2151		
	Daytime Te	lephone number	
OP	ERATIONS@ACHIEVE	GEA.COM	

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

E-mail address: (to be used for future annual report notification)

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

RTICLE I NAMI ne name of the corpor		ANO SANTA	MARIA PA	
RTICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	
907 THREE LAKES (CIRCLE.	7050 W	7050 W PALMETTO PARK RD. STE 15-300.	
BOCA RATON, FL 33428		BOCA RATON, FL 33433		
RTICLE III PURP ne purpose for which	OSE the corporation is organized is:			
VSURANCE SE	RVICES FOR BUSINESS, COM	IMERCIAL AN	D INDUSTRIAL CLIENTS.	
RTICLE IV SHAR				
ne number of shares of	Stock is: 1,000	<u>_</u>		
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS			
Name and Titl	e: JUAN C MARTINEZ, PRESIDENT	Name and Title	FABIAN D BURBANO S, DIRECTO	
Address	9907 THREE LAKES CIRCLE.	Address:	9907 THREE LAKES CIRCLE.	
	BOCA RATON, FL 33428	_	BOCA RATON, FL 33428	
				
Name and Title	<u> </u>	Name and Title	: <u> </u>	
Address		Address:	2020 ·	
			7	
Name and Title:		Name and Title		
			TI I	
-				
				
				

Name and Title:					
Address:					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:					
SUITE 15-300.					
					
					
<u></u>					
					
(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					
JANUARY 03, 2020					
ed 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.					
IANITADY 02, 2020					

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