

Division of Corporations

P2 000003118
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.

((H20000018299 3)))



H200000182993ABC

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
ANTONIO ZUBILLAGA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
2020 JAN 16 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2020 JAN 16 PM 3:28
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

ARTICLE I NAME ANTONIO ZUBILLAGA, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
5910 NW 104TH PATH _____
MEDLEY, FL 33178 _____

ARTICLE III PURPOSE THE PURPOSE OF THIS ENTITY IS REAL ESTATE.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO ZUBILLAGA (P) _____ Name and Title: _____
Address: 5910 NW 104TH PATH _____ Address: _____
MEDLEY, FL 33178 _____

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

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

FILED
2020 JAN 16 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

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: ANTONIO ZUBILLAGA

Address: 5910 NW 104TH PATH

MEDLEY, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTONIO ZUBILLAGA

Address: 5910 NW 104TH PATH

MEDLEY, FL 33178

FILED
 2020 JAN 16 AM 11:30
 SECRETARY OF STATE
 TALLAHASSEE, FL

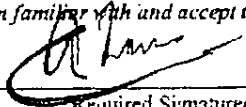
ARTICLE VIII EFFECTIVE DATE:

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:

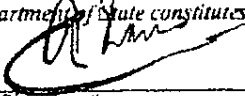


 Required Signature/Registered Agent

1/15/2020

 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

1/15/2020

 Date