

P200000037392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

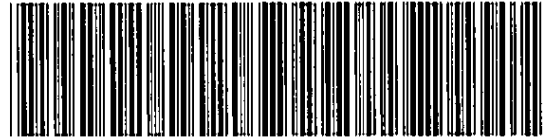
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/20--01010--019 **78.75

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2020 MAY 15 PM 3:17
ALLAHABAD

COVER LETTER

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

SUBJECT: PATRICIA VELAZQUEZ, P.A.
(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: PATRICIA VELAZQUEZ, P.A.
Name (Printed or typed)

2540 SW 7TH AVE
Address

MIAMI, FL 33129
City, State & Zip

(305) 766-3449
Daytime Telephone number

flmultiservices@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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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:

PATRICIA VELAZQUEZ, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2540 SW 7TH AVE
MIAMI FL 33129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose
in the practice of Real Estate

ARTICLE IV SHARES

The number of shares of stock is:

TWO HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PATRICIA VELAZQUEZ

Name and Title:

PRESIDENT

Address

2540 SW 7TH AVE
MIAMI FL 33129

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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ALLENSS

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: PATRICIA VELAZQUEZ, PSDT

Address: 2540 SW 7TH AVE
MIAMI FL 33129

ARTICLE VII INCORPORATOR

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

Name: PATRICIA VELAZQUEZ, PSDT

Address: 2540 SW 7TH AVE
MIAMI, FL 33129

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

05/08/2020

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

05/08/2020

Date