

P20000096206

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.**

((H20000425034 3)))



H200004250343ABCU

**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 : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 610-8595

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DAVIDCPA@TAMPABAY.FL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MIGUEL ANGEL QUINTANA JR, PA**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Dec. 12, 2020 1:37PM

No. 8240 P. 2/3

H2 0000420343

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: MIGUEL ANGEL QUINTANA JR, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

908 SUNRIDGE POINT DR

SAME

SEFFNER, FL 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A LICENSED FLORIDA REAL ESTATE AGENT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL A QUINTANA JR PRESIDENT Name and Title:

Address 908 SUNRIDGE POINT DR

Address:

SEFFNER, FL 33584

Name and Title: Name and Title:

Address

Address:

Name and Title: Name and Title:

Address

Address:

2020 DEC 14 PM 4:52

H 20000420343

H200004250343

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: DAVID C HASTINGS, CPA  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

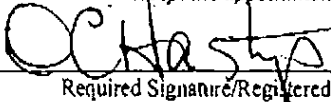
Name: DAVID C HASTINGS  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: JAN 1, 2021 (OPTIONAL)

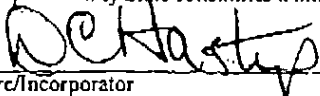
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 12/12/20  
Required Signature/Registered Agent ate

*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*

 12/12/20  
Required Signature/Incorporator Date

H200004250343