

1/29/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
ROSYMER MARTINEZ, P.A.

Certificate of Status	0
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Corporate Filing Menu

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2021 JAN 29 AM 9:31

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROSYMER MARTINEZ

Address: 1750 N. BAYSHORE DR. #4711

MIAMI, FL 33132

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROSYMER MARTINEZ

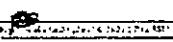
Address: 1750 N. BAYSHORE DR. #4711

MIAMI, FL 33132

**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.)

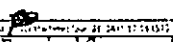
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/28/2021  
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

01/28/2021  
Date

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