

1/29/2021

Division of Corporations

**P2100006309**

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
ROSYMER MARTINEZ, P.A.

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

2021 JAN 29 AM 9:31

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Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and initials*

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: ROSYMER MARTINEZ, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1750 N. BAYSHORE DR. #4711  
MIAMI, FL 33132

Mailing address, if different is:  
1750 N. BAYSHORE DR. #4711  
MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The nature of business is: Real Estate Associate

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSYMER MARTINEZ - P Name and Title: \_\_\_\_\_

Address 1750 N. BAYSHORE DR. #4711 Address: \_\_\_\_\_

MIAMI, FL 33132 \_\_\_\_\_

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

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

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

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

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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: 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

2021 JAN 29 AM 9:31