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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet Second. Reguest

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To:

Division of Corporations

Fax Number : (850)817-638.

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : 119990000017 Phone : (305)465-9300 Fax Number : 1305)485-1098

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

Deall Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
SABRINA VEGA P.A.

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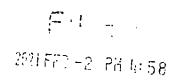
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#### ARTICLES OF INCORPORATION

OF

### SABRINA VEGA P.A.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

#### SABRINA VEGA P.A.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The purpose for this corporation is Real Estate Business.

The general nature of the business and objects and purposed to be:

Transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name:

#### SABRINA VEGA P.A.

#### ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

SABRINA VEGA 115 SW 11<sup>th</sup> ST APT 601 MIAMI, FL 33130

The principal office shall be:

115 SW 11<sup>th</sup> ST APT 601 MIAMI, FL 33130

#### ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as initial director:

SABRINA VEGA 115 SW 11<sup>th</sup> ST APT 601 MIAMI, FL 33130 **PRESIDENT** 

The name and address of the incorporator executing these Articles of Incorporation is

SABRINA VEGA 115 SW 11<sup>th</sup> ST APT 601 MIAMI, FL 33130

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this JANUARY 27, 2021.

∕SABRINA VEGA

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

#### SABRINA VEGA P.A.

2. The Name and Address of the registered agent and office is:

SABRINA VEGA 115 SW 11<sup>th</sup> ST APT 601 MIAMI, FL 33130

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Date: JANUARY 27, 20