

P210000 14094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

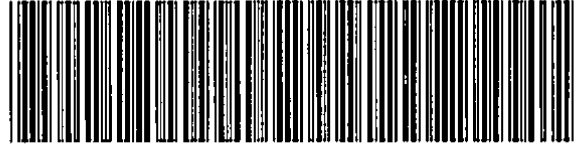
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JAN 25 PM 1:20

FILED

COVER LETTER

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

SUBJECT: Kristhyna E. Torrico 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maria E. Ruiz
Name (Printed or typed)

7750 S.W. 117th Ave Suite 203
Address

Miami Florida 33183
City, State & Zip

305. 595. 2407
Daytime Telephone number

mariaguinas9@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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: Krysthyna E. Torrico P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5555 Collins Ave :

7750 S.W. 117 Ave + 203

Miami Beach FL 33140

Miami Florida 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: real Estate Commission

ARTICLE IV SHARES

The number of shares of stock is: 100 e + 1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krysthyna E. Torrico, P. Name and Title: _____

Address 5555 Collins Ave Unit 7U Address: _____

Miami Beach Florida 33140 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 JAN 25 PM 1:20
FILED
CLERK OF DISTRICT COURT
JAN 25 2021
CLERK OF DISTRICT COURT

January 12, 2021

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

Re: Kristhyna E. Torrico P.A.

To whom it may concern:

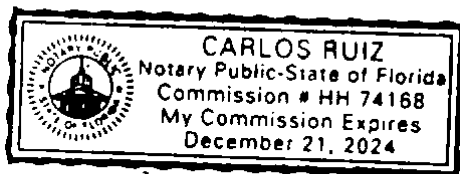
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Kristhyna E. Torrico



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: Kristhyna E. Torrico

Address: 5555 Collins Ave Unit 7U

Miami Beach Florida 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristhyna E. Torrico

Address: 5555 Collins Ave Unit 7U

Miami Beach Florida 33140

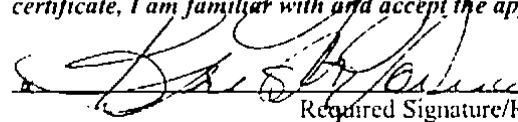
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/23/2021 (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.)

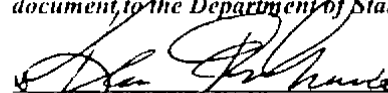
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

1/13/2021
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

1/13/2021
Date