P21000016739

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3930
Fax Number : (786)713-1940

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LUIZA NOGUEIRA PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

2/23/21

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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: LUIZA NOGUEIRA PA

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
5700 Collins Ave. 16E	5700 Collins Ave. 16E
Miami Beach, FL 33140	Miami Beach, FL 33140

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL ESTATE

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ARTICLE IV SHARES
The number of shares of stock is: 500 @ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIZA A NOGUEIRA/ PRESIDENT
Address: 5700 COLLINS AVE 16E, MIAMI BEACH, FL 33140

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: LUIZA A. NOGUEIRA

Address: 5700 Collins Ave. 16E

MIAMI BEACH, FL 33140

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIZA A. NOGUEIRA

Address: 5700 COLLINS AVE 16E

MIAMI BEACH, FL 33140

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

_____ 02/15/2021

Required Signature/Registered Agent 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.

_____ 02/15/2021

Required Signature/Incorporator Date

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AFFIDAVITS

State of Florida

County of Miami-Dade

Before me this day personally appeared Luiza Nogueira who, being duly sworn deposes and says:

I, Luiza Nogueira of Luiza Nogueira PA Document ID P13000025730 have no Intentions of reinstating the dissolved corporation.

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Sworn to (or affirmed) and subscribe before me this __2___ day of ___February____, 2021 by

LUIZA NOGUEIRA

Notary Public State of Florida
Henry L Aguilo
My Commission GG 357375
Expires 07/22/2023