

P210000016739

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (556) 617-0381

From: Account Name : TAXLEAF.COM INC
Account Number : 170140000084
Phone : (305) 541-3930
Fax Number : (754) 712-1940

****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

Handwritten signature/initials

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DIVISION OF CORPORATIONS
STATE OF FLORIDA
REGISTRATION SERVICES

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ARTICLES OF INCORPORATION

In compliance with Chapter 697 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LUIZA NOGUEIRA PAARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

5700 Collins Ave. 16E5700 Collins Ave. 16EMiami Beach, FL 33140Miami Beach, FL 33140ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

REAL ESTATEARTICLE IV SHARESThe number of shares of stock is: 500 @ 1.00ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: LUIZA A NOGUEIRA/ PRESIDENT

Name and Title: _____

Address

5700 COLLINS AVE 16E

Address: _____

MIAMI BEACH, FL 33140

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 AGENTThe 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

ARTICLE VII INCORPORATORThe 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

Required Signature/Registered Agent
02/15/2021
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
02/15/2021
Date

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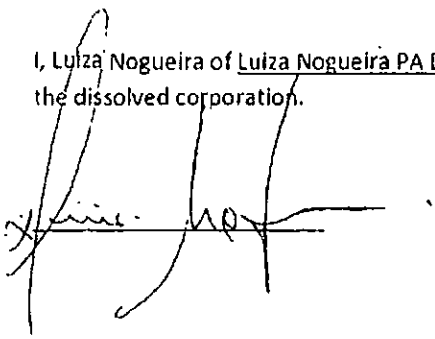
AFFIDAVITS

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.

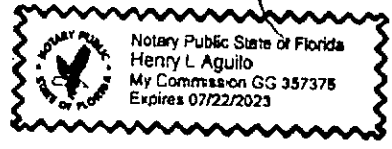
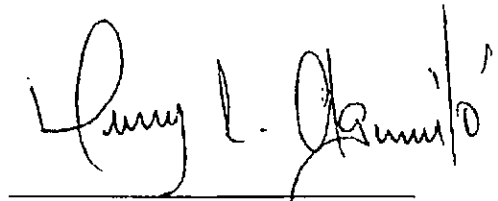


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Sworn to (or affirmed) and subscribe before me this 2 day of February, 2021 by

Luiza Nogueira



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