

2/24/2021

P21000018123

Division of Corporations
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 : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (888)653-6564

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

Email Address: krystine.cardona@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Krystine Cardona, P.A.

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

J. FASON

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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: Krystine Cardona, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 7743 SW 99 Street, Apt# 18, Miami, FL 33156

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Association conducting legal services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krystine Cardona, President

Address: 7743 SW 99 Street, Apt# 18, Miami, FL 33156

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

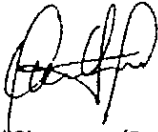
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 02/24/2021

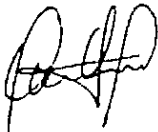
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02/24/2021

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

02/24/2021

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February 26, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ULLOA & COMPANY PROFESSIONAL ASSOCIATION

SUBJECT: KRYSTINE CARDONA, P.A.
REF: W21000027107

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000076407
Letter Number: 421A00004266