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Florida Department of  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

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

Email Address: PLUZQUINOSFC@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
OMAR E. HERRERA P.A.

Certificate of Status	0
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FLORIDA DEPARTMENT OF  
COMMERCE  
DIVISION OF CORPORATIONS

**COVER LETTER**

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

**SUBJECT:** OMAR E. HERRERA 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** HERRERA ANGULO, OMAR E.

Name (Printed or typed)

698 NE 1 ST AVE. APT. 4208

Address

MIAMI, FL 33132

City, State & Zip

(954) 544-9063

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

H210001053953

**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: OMAR E. HERRERA P.A.

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
698 NE 1 ST AVE. APT. 4208

Mailing address, if different is:

MIAMI, FL 33132

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO RENDER REAL ESTATE ACTIVITIES AND OTHER  
PROFESSIONAL SERVICES**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HERRERA ANGULO, OMAR E. (P)

Name and Title:

Address: 698 NE 1 ST AVE. APT. 4208

Address:

MIAMI, FL 33132

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: HERRERA ANGULO, OMAR E.  
 Address: 698 NE 1 ST AVE. APT. 4208  
MIAMI, FL 33132

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HERRERA ANGULO, OMAR E.  
 Address: 698 NE 1 ST AVE. APT. 4208  
MIAMI, FL 33132

**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*

Omar E. Herrera  
 Required Signature/Registered Agent

03/16/2021

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.*

Omar E. Herrera  
 Required Signature/Incorporator

03/16/2021

Date

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