

2021-04-20 23:14 PEDRO

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
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From:  
Account Name : PEDRO LUZQUINON  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-0807

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

Email Address: PLU2QUINON@G40TMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
CAMILA CANEPA PA

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**COVER LETTER**

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

SUBJECT: CAMILA CANEPA 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: CANEPA, CAMILA

Name (Printed or typed)

3641 SW 13TH TER

Address

MIAMI, FL 33145

City, State & Zip

(305) 815-2144

Daytime Telephone number

CMILACANEPA@GMAIL.COM

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

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

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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: CAMILA CANEPA P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3641 SW 13TH TER

MIAMI, FL 33145

**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: CANEPA, CAMILA (P)

Name and Title:

Address 3641 SW 13TH TER

Address:

MIAMI, FL 33145

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

Name: CANEPA, CAMILA  
Address: 3641 SW 13TH TER  
MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: CANEPA, CAMILA  
Address: 3641 SW 13TH TER  
MIAMI, FL 33145

**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

04/21/2021  
\_\_\_\_\_  
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

04/21/2021  
\_\_\_\_\_  
Date

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