

P21000060544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

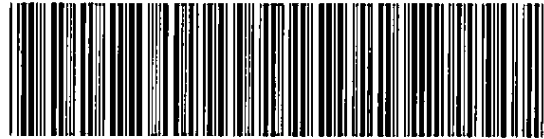
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SHOREWAY OF STATE
TALLAHASSEE, FL

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06/29/21--01005--006 ***701

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/28 Glinda

☐ **CERTIFIED COPY**

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ARTICLES

1. **Eddy Duarte P.A.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: EDDY DUARTE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DUARTE LAW FIRM
Name (Printed or typed)

999 PONCE DE LEON BLVD., SUITE 735
Address

CORAL GABLES, FL 33134
City, State & Zip

305-444-1958
Daytime Telephone number

eugenio@theduartelawfirm.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Eddy Duarte P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
7441 SW 69 Ct
Miami, FL 33143

SECRETARY OF STATE
TALLAHASSEE, FL
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide professional real estate
services as an agent or broker, and any other lawful activities allowed by the state
of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eduardo Duarte, President Name and Title: _____

Address 7441 SW 69 Ct. Address: _____
Miami, FL 33143

Name and Title: Eduardo Duarte, Director Name and Title: _____

Address 7441 SW 69 Ct Address: _____
Miami, FL 33143

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Eugenio Duarte
Address: 999 Ponce de Leon Blvd. #735
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eugenio Duarte
Address: 999 Ponce de Leon Blvd. #735
Coral Gables, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 28, 2021 (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
Date June 28, 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
Date June 28, 2021

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SECRETARY OF STATE
TALLAHASSEE, FL

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