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Division of Corporations

Florida Department of State

Division of Corporations

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

From:  
Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION

Ricardo Salcedo PA

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

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: Ricardo Salcedo PA

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:  
6190 NW 173rd St APT 621  
Hialeah, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales Associate

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo A Salcedo - President Name and Title:  
Address: 6190 NW 173rd St Apt 621 Address:  
Hialeah, FL 33015

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: \_\_\_\_\_

\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Alex Pina CoAddress: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Ricardo A SalcedoAddress: 6190 NW 173rd St Apt 621Hialeah, FL 33015**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 Agent10/26/2021\_\_\_\_\_  
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.*Ricardo Salcedo\_\_\_\_\_  
Required Signature/Incorporator10/26/2021\_\_\_\_\_  
Date

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