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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000070911 3)))



H220000709113ABCW

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To:

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

From:

Account Name : GFS TAX & ACCOUNTING SERVICES
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAXACCT.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
PRISCILLA MARA LITZ DOMINGUES P.A

Certificate of Status	1
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Corporate Filing Menu

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February 24, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GFS TAX & ACCOUNTING SERVICES

SUBJECT: PRISCILLA MARA LITZ DOMINGUES P.A
REF: W22000023647

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

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

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

Coates Brianna
OPS Clerk
New Filings Section

FAX Aud. #: H22000070911
Letter Number: 322A00004548

H2200000709113

COVER LETTER

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

SUBJECT: PRISCILLA MARA LITZ DOMINGUES 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JULIANA MACHADO, CPA
Name (Printed or typed)
11764 W SAMPLE RS STE 102
Address
CORAL SPRINGS, FL 33065
City, State & Zip
754-301-2128
Daytime Telephone number
INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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

4220000709113

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

ARTICLE I NAMEThe name of the corporation shall be: PRISCILLA MARA LITZ DOMINGUES P.A**ARTICLE II PRINCIPAL OFFICE**Principal street address
17373 BAL HARBOUR DR
WINTER GARDEN, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

REAL ESTATE**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Priscilla Mara Litz Domingues - President

Name and Title: _____

Address 17373 BAL HARBOUR DR

Address: _____

WINTER GARDEN, FL 34787

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

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GFS TAX & ACCOUNTING SERVICES
 Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

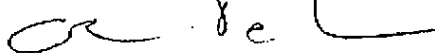
Name: JULIANA MACHADO
 Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

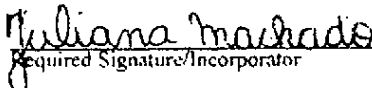
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

2/15/2022

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 § 817.155, F.S.

Required Signature/Incorporator

2/15/2022

Date