

**P22000021518**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000106402 3)))



H220001064023ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

RECEIVED

2022 MAR 22 PM 3:40

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

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

Email Address: \_\_\_\_\_

22 MAR 22 AM 12:43  
A. A. A. A.

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARLENY DEL SOCORRO ZAPATA P.A**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

T. SCOTT  
MAR 23 2022

**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: Marleny del Socorro Zapata**ARTICLE II PRINCIPAL OFFICE**Principal street address

P.A.

Mailing address, if different is:

15465 SW 150 st.  
Miami FL 33196.15465 SW 150 st.  
Miami FL 33196.**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Marleny del Socorro Zapata  
Address: 15465 SW 150 st.  
Miami FL 33196Name and Title: president.

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

224426  
11213

(cont.)

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: Marleny del Socorro Zapata  
Address: 15465 SW 150 St  
Miami FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marleny Del Socorro Zapata  
Address: 15465 SW 150 St  
Miami FL 33196

*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

3/22/22  
\_\_\_\_\_  
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

3/22/22  
\_\_\_\_\_  
Date