

Division of Corporations

P2200027986

Florida Department of State
Division of Corporations
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2nd Request

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
Paola Gomez, Inc

RECEIVED

2022 APR 12 PM 5:08

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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D. O'KEEFE

APR 13 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: Paola Gomez, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4434 NW 74th Ave
Miami, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paola Gomez, President Name and Title: _____

Address 4434 NW 74th Ave Address: _____
Miami, FL 33166 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Paola Gomez
 Address: 4434 NW 74th Ave
Miami, FL 33166

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paola Gomez
 Address: 4434 NW 74th Ave
Miami, FL 33166

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 4/6/22
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 4/6/22
Date



Norton Hammersley

Norton, Hammersley, Lopez & Skokos, P.A.

1819 Main Street, Suite 610

Sarasota, FL 34236

Telephone: 941.954.4691

Fax: 941.954.2128

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Message: Attached are the Articles of Organization for Dumitrascuta, LLC.

PLEASE FAX THE ACKNOWLEDGEMENT LETTER TO 941-954-2128.

Please contact me directly if you do not receive all of the pages on this filing as time is of the essence with this filing. My number is 941-954-4691 and my email is sdavis@nhslaw.com

We appreciate your assistance with this matter. Thank you!

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