

P22000028220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

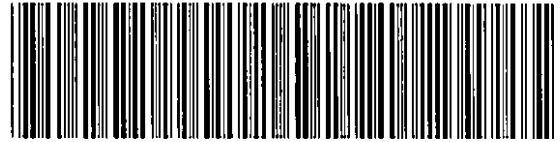
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/06/22--01005--011 **70.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 APR 13 AM 8:19

FILED

2022 APR -6 PM 1:55

100

4/11/22

COVER LETTER

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

SUBJECT: CORTES ROA COMPANY
(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: JAIR J ROMERO
Name (Printed or typed)
8004 NW 154TH STREET STE 646
Address
MIAMI LAKES, FL 33016
City, State & Zip
786-256-6615
Daytime Telephone number
williamsmorrispa@hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2022

KD PROCESS

SUBJECT: CORTES ROA COMPANY
Ref. Number: W22000046567

2022 APR 13 PM 1:21

We have received your document for CORTES ROA COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No Title for Martha.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 222A00008152

*Returning corrected
doc's
✓
Thank you!*

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: CORTES ROA COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

5008 CENTER CT

Mailing address, if different is:

SAME

ST. CLOUD, FLORIDA 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful activity or to transact any

Lawful business for which the corporation may

be incorporated under the Florida Incorporated Act

SECRETARY OF STATE
TALLAHASSEE, FL

2022 APR 13 AM 8:19

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ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM ARMANDO CORTES (PD)

Name and Title: MARTHA CECILIA ROA (VP)

Address 5008 CENTER CT

Address: 5008 CENTER CT

ST. CLOUD, FLORIDA 34772

ST. CLOUD, FLORIDA 34772

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: DAYEANE CORTES

Address: 5008 CENTER CT

ST. CLOUD, FLORIDA 34772

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: WILLIAMS&MORRIS, PC PLLC

Address: 8004 NW 154TH STREET STE 646

MIAMI LAKES, FL 33016

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Dayane Cortes

Required Signature/Registered Agent

4-5-2022

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 s.817.155, F.S.

[Signature]
Registered Signature/Incorporator

Date

4/5/2022