

PA2000030344

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

From: Account Name : ADRIAN TAX SERVICES INC.
Account Number : I20220000042
Phone : (786)370-2432
Fax Number : (305)266-5758

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

Email Address: vigovigocpa@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LISETTE M. MARTINEZ PA

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

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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: LISETTE M. MARTINEZ PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

8554 SW 129TH TER
MIAMI, FL 33156

Mailing address, if different is:

8554 SW 129TH TER
MIAMI, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISETTE M. MARTINEZ / P.S.T Name and Title:

Address 8554 SW 129TH TER Address:
MIAMI, FL 33156

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: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LISETTE M. MARTINEZ
 Address: 8554 SW 129TH TER
MIAMI, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LISETTE M. MARTINEZ
 Address: 8554 SW 129TH TER
MIAMI, FL 33156

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

Lisette Martinez 04/21/2022
 Required Signature/Registered Agent 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.

Lisette Martinez 04/21/2022
 Required Signature/Incorporator Date

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