

P22000032373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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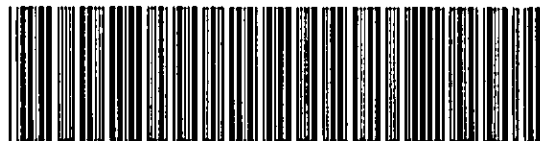
(Business Entity Name)

(Document Number)

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CLERK

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W22000032373



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2022

LUZ JACQUELINE SPRIGGS  
465 BRICKELL AVE, STE 3304  
MIAMI, FL 33131

SUBJECT: LUZ JACQUELINE SPRIGGS, P.A.  
Ref. Number: W22000033638

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

The registered agent must sign accepting the designation.

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

Coates Brianna  
Regulatory Specialists II  
New Filings Section

Letter Number: 722A00006121

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STATE  
CORPORATIONS  
DIVISION

## COVER LETTER

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

SUBJECT: LUZ JACQUELINE SPRIGGS, 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: Luz Jacqueline Spriggs  
                                    Name (Printed or typed)

465 BRICKELL AVE, SUITE 3304  
                                    Address

MIAMI, FL 33131  
                                    City, State & Zip

786-205-0097  
                                    Daytime Telephone number

jackiespriggs@kw.com  
E-mail address: (to be used for future annual report notification)

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

**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: LUZ JACQUELINE SPRIGGS, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

465 BRICKELL AV

SUITE 3304

MIAMI, FL 33131

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LUZ J SPRIGGS, President

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

Address 465 BRICKELL AVE

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

SUITE 3304

MIAMI, FL 33131

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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STATE  
OF FLORIDA

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: LUZ J SPRIGGS  
Address: 465 BRICKELL AVE, SUITE 3304  
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUZ J SPRIGGS  
Address: 465 BRICKELL AVE, SUITE 3304  
MIAMI, FL 33131

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DEPT. OF STATE  
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.*

[Signature]  
Required Signature/Registered Agent

4/27/2022  
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]  
Required Signature/Incorporator

Date 2-13-2022

**Statement of Fact**

I, Luz Jacqueline Spriggs had to file a voluntary dissolution for my Corporation, Luz Jaqueline Spriggs, P.A., on July 29<sup>th</sup>, 2021. I am now opening a new corporation and will be using the same name for my new corporation, Luz Jaqueline Spriggs P.A.

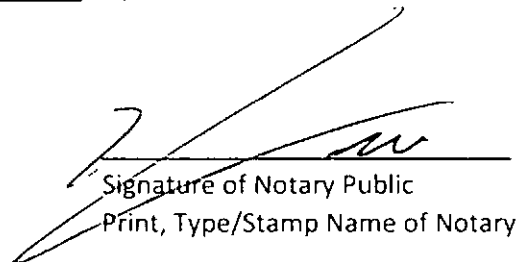
  
\_\_\_\_\_  
Luz Jacqueline Spriggs

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STATE  
FLORIDA

STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of  
FEBRUARY 2022, by

(Seal)  Kevin J. Veilleux  
Comm. #HH048153  
Expires: Sept. 29, 2024  
Bonded Thru Aaron Notary

  
\_\_\_\_\_  
Signature of Notary Public  
Print, Type/Stamp Name of Notary

Personally known: X

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_