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.

(((H220001791073)))



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 : GREEN BOX TAX SERVICES INC

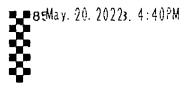
Account Number : I20190000123 Phone : (305)928-1137

Fax Number : (786)349-4952

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

FLORIDA PROFIT/NON PROFIT CORPORATION MILAGROS A BOULOCQ PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00





May 20, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

GREEN BOX TAX SERVICES INC

SUBJECT: MILAGROS A BOULOCO P.A.

REF: W22000066212

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P21000000812.

The specific business purpose of the professional association must be stated in the document.

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

Tim Burch Senior Section Administrator FAX Aud. #: H22000179107 Letter Number: 522A00011515

H22000179107. No. 024 LTR#522 A 00011515

FLORIDA DEPT OF STATE Division of Corporation REF: W22000066212

05/20/2022

Subj: Name Release/ Document # 21000000812

To whom it may concern:

This letter of name release is for entity name regarding document # 21000000812, in association with the entity's admin dissolution. I have no intention of reinstating, therefore, you may release "Milagros A Boulocq PA" for use to another entity such as the entity related to Ref: W22000066212.

Kind Regards;

Hogro A Davy Milagros A Bouloca

Dracidant

H 220001791073 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be: MILAGROS A BOULC	CQ PA	
6801 NW75 DR	CIPAL OFFICE Principal street address		Mailing address, if different ls.
TAMARAC, FL 33321		•	
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:		
Real estate ager	it with the purpose of buying ar	n selling real	estate property for others
within the guideli	nes of Florida state laws and re	egulations	
			
			
ARTICLE IV SHAR	<u>88</u> 400		
The number of shares of	stock is: 100		
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS	•	
Name and Title	MILAGROS A BOULOCQ	Name and Title	B:
Address	6801 NW 75 DR	Address:	
	TAMARAC, FL 33321		
		, 	
Name and Title		Name and Title	e!
Address			· · · · · · · · · · · · · · · · · · ·
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Name and Title	:	Name and Title	e:
Address		Address:	
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Name a	nd Title:	Name and Title:		
Addres	s	Address:		
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	MILAGROS A BOULOCQ	_		
Address:	6801 NW 75 DR	_		
	TAMARAC, FL 33321	_		
ARTICLE VII	INCORPORATOR			
The name and s	address of the Incorporator is:			
Name:	MILAGROS A BOULOCQ	_		
Address:	6801 NW 75 DR	_		
	TAMARAC, FL 33321			
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cann	(OPTIONAL) ot be more than five days prio	r or 90 days after	the
	te inserted in this block does not meet the applicable effective date on the Department of State's records		his date will not be	: listed a
Having been na certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corporation red agent and agree to act in thi	at the place designa s capacity	zted in t
Magne	A Bonelvig	<u> </u>	05/19/2022	
U	Required Signature/Registered Agent		Date	
	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo			nitted in
M/man	1 12.12.		05/19/2022	303
Required Signa	ture/Incorporator	Date		2H:::/ 20
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