

**P22000065112**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
EDER ENMANUEL LIMA DIAZ P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 AUG 19 PM 4:38

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DIVISION OF CORPORATIONS  
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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: EDER ENMANUEL LIMA DIAZ P.A.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
9625 NW 1st Ct, Apto. 11-201  
Pembroke Pines, FL 33024

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

the Real Estate and everything related to  
them or everything that covers the matter**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDER ENMANUEL  
LIMA DIAZ (PRESIDENT) Name and Title: \_\_\_\_\_Address: 9625 NW 1st Ct, Apto. 11-201, Pembroke Pines, FL 33024 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: EDER ENMANUEL LIMA DIAZ

Address: 9625 NW 1st Ct, Apto.  
11-201, Pembroke Pines, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDER ENMANUEL LIMA DIAZ

Address: 9625 NW 1st Ct, Apto.  
11-201, Pembroke Pines, FL 33024


\*\*\*\*\*

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

08-19-2022  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

08-19-2022  
\_\_\_\_\_  
Date

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FL