

P22000076761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

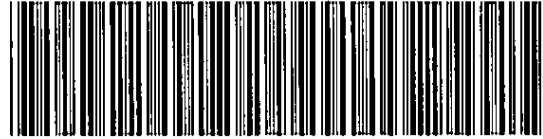
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/22--01019--001 **70.00

2022 SEP 23 AM 10:41
CLERK
FED

September 8, 2022

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

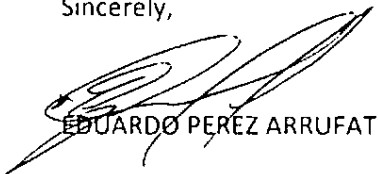
Re: EDUARDO PEREZ ARRUFAT PA

To whom it may concern:

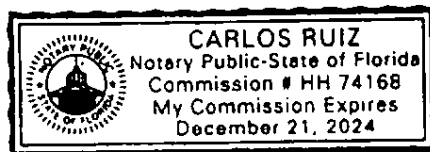
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


EDUARDO PEREZ ARRUFAT

OK



ED
2022 SEP 23 AM 10:41
NOTARY STATE
FLORIDA

COVER LETTER

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

SUBJECT: EDUARDO PEREZ ARRUFAT PA

(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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

RECEIVED
SEP 23 2022
DIVISION OF CORPORATIONS

2022 SEP 23 AM 10:41

FILED

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: EDUARDO PEREZ ARRUFAT PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

406 SE 17 AVE

HOMESTEAD FLORIDA 33033

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARDO PEREZ ARRUFAT, PRES

Name and Title: _____

Address 406 SE 17 AVE

Address: _____

HOMESTEAD FLORIDA 33033

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 SEP 23 AM 10:41
CLERK OF STATE
OFFICE

ED

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: Eduardo Perez Arrufat

Address: 406 SE 17 Ave
Homestead, Florida 33033

ARTICLE VII INCORPORATOR

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

Name: Eduardo Perez Arrufat

Address: 406 SE 17 Ave
Homestead, Florida 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/29/2022 (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

Required Signature/Registered Agent

9/13/2022
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.

Required Signature/Incorporator

9/13/2022
Date

2022 SEP 23 AM 10:41
DEPT OF STATE
TALLAHASSEE, FLORIDA

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