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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

***** RESUBMIT *****

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: BOB@VINIARCPA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION**J Sanguily PA**

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

2022 11 15 PM 12:21

Electronic Filing Menu

Corporate Filing Menu

Help



November 16, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: J SANGUILY PA
REF: W22000143554

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

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.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000389865
Letter Number: 422A00025571

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: J Sanguily PA**ARTICLE II PRINCIPAL OFFICE**Principal street address12501 S Gardens Dr, Apt 111Palm Beach Gardens, FL 33418

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Realtor**ARTICLE IV SHARES**The number of shares of stock is: 100 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Julio Sanguily - President/Director

Name and Title: _____

Address 12501 S Gardens Dr, Apt 111

Address: _____

Palm Beach Gardens, FL 33418

Name and Title: _____ Name and Title: _____

Address _____ 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: Julio Sanguily
Address: 12501 S Gardens Dr, Apt 111
Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

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

Name: Julio Sanguily
Address: 12501 S Gardens Dr, Apt 111
Palm Beach Gardens, FL 33418

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.

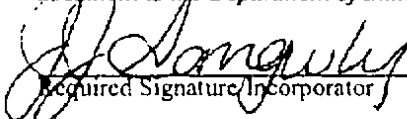
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

November 14, 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

November 14, 2022

Date