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COVER LETTER

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

SUBJECT: Var	lladares Real Estate Academy, P.A.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an	original and one (1) copy of the ar	rticles of incorporation and	d a check for:
□ \$70.0 Filing Fo	— +:-::+	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		ne (Printed or typed)	
	15100 NW 67th Ave., Suite 200	Address	
	Miami Lakes, FL 33014	Address	
	City	, State & Zip	
	305-631-2438		
	Daytime	Telephone number	
	Jonathan@steszewskimedina.com		
-	F-mail address: (to be use	ed for future annual report r	otification)

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

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VALLADARES R	EAL ESTATE	
ACADEMY, P.A.		
7.01.15.2		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
- 18		Vehicle Search
		Driving Record
Requested by:		UCC or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

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

RTICLE I	NAME corporation shall be: Valladares Real Estate	Academy, P.A.
	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
12350 SW 184	ith Street	
Miami, FL 33	177	
RTICLE III	DUBDACE	
he purpose for	r which the corporation is organized is: The	purpose of this company is for consulting and coaching.
		F. S.
		
		<u> </u>
		<u>.</u>
IRTICLE V	INITIAL OFFICERS AND/OR DIRECTO and Title: Alexis Valladares, President	
	12350 SW 194th Street	Name and Title:
Addres		Address:
	Miami, FL 33177	
Name a	and Title:	Name and Title:
Addres		
Addres	SS	Address:
Name a	nd Title:	Name and Title:
Addres		
Addies	ss	Address:
		

Name a	and Title:	Name and Title:	
Addres	ss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepts	able) of the registered agent is:	
Name:	Jonathan Steszewski, Esq.	able) of the registered agent is:	
Address:	15100 NW 67 Ave., Suite 200		
	Miami Lakes, FL 33014		5
ARTICLE VII	<u>INCORPORATOR</u>		P3 22 33
The name and a	address of the Incorporator is:		<u>4.</u> 2
Name:	Jonathan Steszewski, Esq.	. <u>. </u>	;
Address:	15100 NW 67 Ave., Suite 200	 _	
	Miami Lakes, FL 33014		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days pri	or or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, cords.	this date will not be listed as
Having been nai certificate, I am	med as registered agent to accept service of pro- familiar with and accept the appointment as t	ocess for the above stated corporation registered agent and agree to act in th	at the place designated in this is capacity
			12/16/22
	Required Signature/Registered Age	nt	Date
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the fals e felony as provided for in s.817.155,	se information submitted in a F.S.
			12/16/22
Required Signat	up newported	Date	