

P23000009839

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION CARIDAD SAN, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

CARIDAD SAN, L.L.C.

of Document # L17000238606

WANTS TO OPEN P.A. WITH
SAME NAME

Thank you for your help in this matter.

Caridad San

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TALLAHASSEE, FLORIDA

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Thanks

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: Caridad San, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7430 Miami Lakes Drive #E110

Miami Lakes, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: real estate sales.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Caridad San, President Name and Title:

Address: 7430 Miami Lakes Drive #E110 Address:

Miami Lakes, FL 33014

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FL 32309

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(cont.)

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:

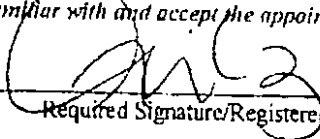
Name: Ariana Cruz, Esq.
 Address: 6165 Miami Lakes Drive E, Suite A
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Caridad San
 Address: 7430 Miami Lakes Drive #E110
Miami Lakes, FL 33014

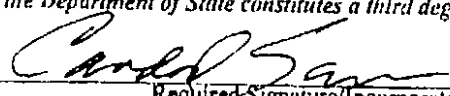
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

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 23 FEB - 7 2023
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 Date
 2/7/23

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

2/7/23
Date