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**FLORIDA PROFIT/NON PROFIT CORPORATION**
**YURAY SANCHEZ, P.A.**

| | |
|---|---|
| Certificate of Status | 0 |
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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: YURAY SANCHEZ, P.A.

*ARTICLE II PRINCIPAL OFFICE*

Principal street address

2810 F ROAD
LOXAHATCHEE, FL 33470

Mailing address, if different is:

2810 F ROAD
LOXAHATCHEE, FL 33470

*ARTICLE III PURPOSE*

The purpose for which the corporation is organized is:

THE NATURE OF BUSINESS IS PRACTICE AS A REAL ESTATE ASSOCIATE

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*ARTICLE IV SHARES*

The number of shares of stock is: SHARES: 100 @ $1.00

*ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS*

Name and Title: YURAY SANCHEZ - P

Address: 2810 F ROAD
LOXAHATCHEE, FL 33470

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: YURAY SANCHEZ

Address: 2810 F ROAD

LOXAHATCHEE, FL 33470

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*ARTICLE VII INCORPORATOR*

The name and address of the Incorporator is:

Name: YURAY SANCHEZ

Address: 2810 F ROAD

LOXAHATCHEE, FL 33470

*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 03/20/2023 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 Date 03/20/2023