

Apr 10, 2023 12:47 PM
4/10/23, 12:47 PM

Division of Corporations

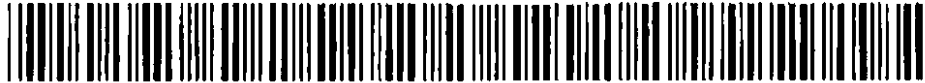
No. 0671

P230000027285

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : ATESIANO TAX SERVICES
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: Maria.lejondra.rojas.realty@gmail.com

RECEIVED

2023 APR 10 PM 3:31

CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Maria Alejandra Rojas PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

ALL INFORMATION
IS CONFIDENTIAL

2023 APR 10 AM 4:08

Electronic Filing Menu

Corporate Filing Menu

Help

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: Maria Alejandra Rojas PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
17049 NW 19 ST

Mailing address, if different is:

Same

Pembroke Pines, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate sales associate engaged in providing
clients with selling, buying or leasing real estate property.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria A Rojas, President

Name and Title: _____

Address 17049 NW 19 ST

Address: _____

Pembroke Pines, FL 33028

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: Green Box Tax Services Inc

Address: 15715 S Dixie Hwy Ste 211

Miami FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria A Rojas

Address: 17049 NW 19 ST

Pembroke Pines, FL 33028

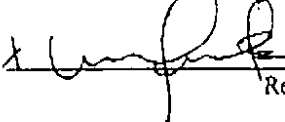
ARTICLE VIII EFFECTIVE DATE:

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.

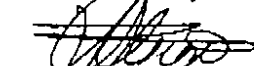


Required Signature/Registered Agent

04/10/2023

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

04/10/2023

Date

FILED
2023 APR 10
AM 10:08
TALLAHASSEE
FLORIDA
CLERK OF THE COURT