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 th

(((H23000)48264 3)))



Note: DO NOT his the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sleet.

Tø:

Division of Corporations Fax Number : (858)617-6381

Account Name : ATESIANO TAX SERVICES
Account Number : ITELIMBBBB133
Phone : (305)928-1137
Fax Mumber : (786)149-4952

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

Eneil Address: Sgon 02226 gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION SONIA E GONZALEZ PA

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

Electronic Filing Menu Corporate Filing Menu

Help

tg. 20f3		
H 230 0014	8264	3

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

ARTICLE II PRINCIPAL OFFICE Principal atreet address		Mailing	address, if different is:
ONIA E GONZALEZ 02 Lagos de Campo Bivo			
4MARAC, FL 33321			
RTICLE III PURPO ne purpose for which the	SE ne corporation is organized is:		
EAL ESTATE SA	ALES ASSOCIATE ENGAGED	IN PROVIDING CLIE	ENTS WITH
SELLING, BUYING	G OR LEASING REAL ESTATE	PROPERTY.	
	H _e i		
	 		
RTICLE IV SHARE	<u>s</u>		
he number of shares of	stock is: 100		
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
		Name and Title:	
Name and Title	SONIA E GONZALEZ- PRESIDENT	Name and Title:	
	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078	Name and Title: Address:	
Name and Title	SONIA E GONZALEZ- PRESIDENT		
Name and Title	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078		
Name and Title	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address:	
Name and Title	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078	Address:	
Name and Title	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address:	
Name and Title Address Name and Title:	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address:	
Name and Title Address Name and Title:	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address:	
Name and Title Address Name and Title:	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address: Name and Title: Address:	
Name and Title Address Name and Title: Address	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address: Name and Title: Address:	2029 A.
Name and Title Address Name and Title: Address	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address: Name and Title: Address:	2029 A
Name and Title Address Name and Title: Address	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address: Name and Title: Address: Name and Title:	2029 A.C. 2U
Name and Title Address Name and Title: Address	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address: Name and Title: Address: Name and Title:	2029 A
Name and Title Address Name and Title: Address	SONIA E GONZALEZ- PRESIDENT 8002 Lagos de Campo Blvd 1078 TAMARAC, FL 33321	Address: Name and Title: Address: Name and Title:	2029 A 20

- Je Hanne a	1 8264 3 nd Title:	wante and Title:			
Addres	•				
	.				
			-		
ARTICLE VI	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	SONIA E GONZALEŻ				
Address:	8002 Lagos de Campo Blvd 107B				
	TAMARAC, FL 33321	-			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>				
The <u>name and a</u>	address of the Incorporator is:				
Name:	SONIA E GONZALEZ			٠	
Address:	8002 Lagos de Campo Blvd 107B				
	TAMARAC, FL 33321	-			
ARTICLE VIII	EFFECTIVE DATE:				
(If an effective	f other than the date of filing: date is listed, the date must be specific and canno			90 days a	fter
mung.i			nts, this d	date will no	ot be
	e inserted in this block does not meet the applicable	statutory filing requireme	,		
Note: If the dat	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requireme	,		
Note: If the dat the document's Having been na		or the above stated corpora	tion at th		ign
Note: If the dat the document's Having been na certificate, I am	effective date on the Department of State's records. med as registered agent to accept service of process for familiar with and accept the appointment as registered. MACLES	or the above stated corpora	tion at the n this cap		
Note: If the dat the document's Having been na certificate, I am	effective date on the Department of State's records. med as registered agent to accept service of process for familiar with and accept the appointment as registered. Missing Required Signature/Registered Agent	or the above stated corpora ed agent and agree to act i	tion at th n this cap <u>04</u>	pacity 1/20/202 Dat	3 te
Note: If the dat the document's Having been na certificate, I am	effective date on the Department of State's records. med as registered agent to accept service of process for familiar with and accept the appointment as registered. MACLES	or the above stated corpora ed agent and agree to act i true. I am aware that the	tion at the n this cap 04 false inf	pacity 1/20/202 Dat	3 te
Note: If the dat the document's Having been na certificate, I am I submit this do document to the	med as registered agent to accept service of process for familiar with and accept the appointment as registered. May supply Required Signature/Registered Agent and affirm that the facts stated herein are a Department of State constitutes a third degree felony.	or the above stated corpora ed agent and agree to act i he agent and agree to act i true. I am aware that the vas provided for in s.817.1	tion at the n this cap 04 false inf 55, F.S.	pacity 1/20/202 Dat	3 te subi
Note: If the dat the document's Having been na certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as registered. May supply Required Signature/Registered Agent and affirm that the facts stated herein are a Department of State constitutes a third degree felony.	or the above stated corpora ed agent and agree to act i he agent and agree to act i true. I am aware that the vas provided for in s.817.1	tion at the n this cap O4 false inf	pacity /20/202: Dat formation :	3 subr
Note: If the dat the document's Having been na certificate, I am I submit this do document to the	med as registered agent to accept service of process for familiar with and accept the appointment as registered. May supply Required Signature/Registered Agent and affirm that the facts stated herein are a Department of State constitutes a third degree felony.	or the above stated corpora ed agent and agree to act i he agent and agree to act i true. I am aware that the vas provided for in s.817.1	tion at the n this cap 04 false inf 55, F.S.	pacity /20/202: Dat formation :	3 te subi