

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954)655-8413
Fax Number : (954)432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: PLUZQUINOS@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
TIBISAY GOMEZ P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
2023 MAY 11 AM 11:52
CORPORATIONS
COMMERCIAL
SERVICES

FILED
2023 MAY 11 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL

H230001748143

COVER LETTER

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

SUBJECT: TIBISAY GOMEZ P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GOMEZ, CUSGLELIZ

Name (Printed or typed)

10891 NW 21 ST PLACE

Address

CORAL SPRING, FL 33071

City, State & Zip

(954) 864-8233

Daytime Telephone number

TIBIGOMEZ@TIBISAYGOMEZPA.COM

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TIBISAY GOMEZ P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address10891 NW 21 ST PLACE

Mailing address, if different is:

CORAL SPRINGS, FL 33071**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO RENDER REAL ESTATE ACTIVITIES AND OTHER
PROFESSIONAL SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GOMEZ, CUSGLELIZ (P)

Name and Title: _____

Address 10891 NW 21 ST PLACE

Address: _____

CORAL SPRINGS, FL 33071

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GOMEZ, CUSGLELIZ
 Address: 10891 NW 21 ST PLACE
 CORAL SPRINGS, FL 33071

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GOMEZ, CUSGLELIZ
 Address: 10891 NW 21 ST PLACE
 CORAL SPRINGS, FL 33071

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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*

Cusgleliz Gomez
 Required Signature/Registered Agent

05/08/2023

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.

Cusgleliz Gomez
 Required Signature/Incorporator

05/08/2023

Date

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