Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)610-8595

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

MAICELY GUERRA CASTILLO, PA

الأولاد المسان بالشاه المساعد الرب بيام يكيّ أبين التعالي الأوبار المساعد التي الم	
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Corporate Filing Menu

Help

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

ARTICLE I NAM The name of the corpor	E MAICELY GU	ERRA CASTILLO, PA
ARTICLE II PRIN	Principal street address	Mailing address, if different is:
<u>- 209 ₩ AZALEA-</u>	AVE	- SAME
TAMPA, FL 3361	12	
ARTICLE III PURA The purpose for which	POSE a the corporation is organized is:	TO OPERATE AS A REAL ESTATE AGENT
ARTICLE IV SHA	RES of stock is: 1000	
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECT	ORS.
Name and Ti	MAICLEY CHERRA CAS	STILLO PST Name and Title:
Address	200 M AZALEA AVE	Address:
	TAMPA, FL 33612	
Name and Tit	ile:	Name and Title
Address		Address:
Name and Tit	de: _	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Audiess.
		${\omega_{i}}$
		E. PH

H230003161683

Required Signature/Incorporator

H23000 ALERES

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: DAVID C HASTINGS CPA Name: 2207 54TH ST S Address: GULFPORT, FL 33707 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DAVID C HASTINGS, CPA Name: 2207 54TH ST S Address: GULFPORT, FL 33707 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 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. 6/18/23

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