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Division of Corporations

Florida Department of State
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To:

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

From:

Account Name : GOSA SERVICES CORP
Account Number : I20230000026
Phone : (305)399-5113
Fax Number : (786)904-9023

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
HECTOR ENRIQUE MARTINEZ OROZCO, P.A.

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2023

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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: HECTOR ENRIQUE MARTINEZ OROZCO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8450 NW 102ND AVE

APT 545

DORAL, FLORIDA 33178

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR E. MARTINEZ OROZCO, P. D

Name and Title: _____

Address 8450 NW 102ND AVE

Address: _____

APT 545

DORAL, FLORIDA 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: HECTOR ENRIQUE MARTINEZ OROZCO
Address: 8450 NW 102ND AVE APT 545
DORAL, FLORIDA 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HECTOR E. MARTINEZ OROZCO
Address: 8450 NW 102NDAVE APT 545
DORAL, FLORIDA 33178

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
8/21/2023
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
8/21/2023
Date

✓

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TALLAHASSEE, FLORIDA