

P24000018838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

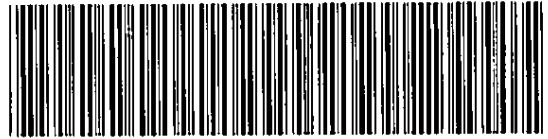
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800424288728

2024 MAR 15 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 MAR 15 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ROBERT DESOTO P.A.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

2024 MAR 15 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: Robert Desoto 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: Bared & Associates, P.A.
Name (Printed or typed)

201 Alhambra Circle, Suite 501
Address

Coral Gables, FL 33134
City, State & Zip

305-666-6010
Daytime Telephone number

mimi@baredlaw.com
E-mail address: (to be used for future annual report notification)

2024 MAR 15 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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

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

ARTICLE I NAME Roberto Desoto P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4581 Weston Road 279
Weston, FL 33331-3141
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business. Professional service for real estate.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Roberto Desoto, President</u>	Name and Title: _____
Address: <u>4581 Weston Rd. 279</u>	Address: _____
<u>Weston, FL 33331-3141</u>	_____
_____	_____
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: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

2024 MAR 15 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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 03/14/2024
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 03/14/2024
Date