

P240000 33460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

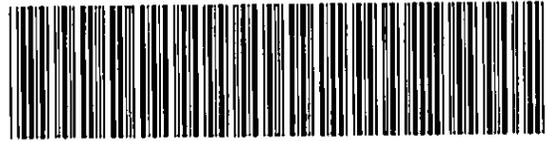
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

S-1729

W24-73214

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2014 MAY -9 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2014 MAY 14 AM 10:49
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2024

CAPITAL CONNECTION

SUBJECT: ARAVACA P.A.
Ref. Number: W24000073214

We have received your document for ARAVACA P.A. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Supervisor

Letter Number: 424A00010301

RECEIVED
MAY 14 PM 2:00
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

ARAVACA P.A.

Please Debit FCA000000003 For: 78.75

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 _____

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: ARAVACA P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7230 SW 130 STREET
MIAMI FL, 33156

Mailing address, if different is:
7320 SW 130 STREET
MIAMI FL, 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PRACTICE OF REAL ESTATE SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA VON BERNARD CURUTCHET - P Name and Title: _____

Address: 7230 SW 130 STREET
MIAMI FL, 33156

Address: _____

Name and Title: _____

Address: _____

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2021 MAY 14 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ANA VON BERNARD CURUTCHET

Address: 7230 SW 130 STREET

MIAMI FL, 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA VON BERNARD CURUTCHET

Address: 7230 SW 130 STREET

MIAMI FL, 33156

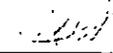
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/1/2024 (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

5/1/2024

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

5/1/2024

Date