

P24000046699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

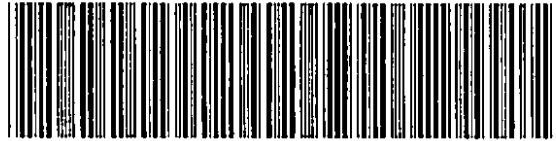
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76

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 9/11

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**INC**

1. **JUAN CARLOS RAMIREZ P.A.**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**FILED**  
2024 JUL 15 AM 9:47  
TALLAHASSEE, FL

**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: JUAN C. RAMIREZ P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4474 WESTON ROAD, SUITE 183

4474 WESTON ROAD, SUITE 183

DAVIE, FLORIDA 33331

DAVIE, FLORIDA 33331

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

TO ENGAGE IN THE PRACTICE OF REAL ESTATE AS A LICENSED FLORIDA REALTOR.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUAN CARLOS RAMIREZ, PRESIDENT

Name and Title: \_\_\_\_\_

Address 4474 WESTON ROAD

Address: \_\_\_\_\_

SUITE 183

DAVIE, FLORIDA 33331

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: JOEL FRIEND AND ASSOCIATES, INC.

Address: 2863 EXECUTIVE PARK DRIVE, STE. 105  
WESTON, FLORIDA 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOEL FRIEND AND ASSOCIATES, INC.

Address: 2863 EXECUTIVE PARK DRIVE, STE. 105  
WESTON, FLORIDA 33331

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STATE  
FLORIDA

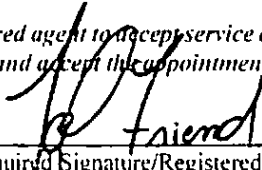
ARTICLE VIII EFFECTIVE DATE:

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.)

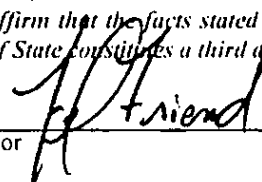
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

7/15/24  
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

7/15/24  
Date