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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
JACQUELINE PALACIOS, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu 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: Jacqueline Palacios, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10001 SW 58 Ave

Pinecrest, FL 33156

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Professional

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Palacios, President

Address 10001 SW 58 Ave

Pinecrest, FL 33156

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Valentin Lopez

Address: 2600 S Douglas Rd #811

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Palacios

Address: 10001 SW 58 Ave

Pinecrest, FL 33156

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/11/2024 (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 Date: 11/11/24

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 Date: 11/11/24