

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**P2500003496**

1.21.25

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STATE OF FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ARLES FLORES, P.A.**

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

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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: ARLES FLORES, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3308 W 100th TER  
HIALEAH, FL 33018

Mailing address, if different is:

3308 W 100th TER  
HIALEAH, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PRACTICE AS A REAL ESTATE ASSOCIATE

ARTICLE IV SHARES

The number of shares of stock is: SHARES 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARLES FLORES - P

Name and Title:

Address 3308 W 100th TER

Address:

HIALEAH, FL 33018

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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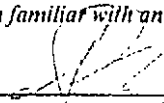
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ARLES FLORESAddress: 3308 W 100th TERHIALEAH, FL 33018ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ARLES FLORESAddress: 3308 W 100th TERHIALEAH, FL 33018FILED  
SECRETARY OF STATE  
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TALLAHASSEEARTICLE 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*

⑤



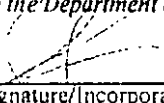
Required Signature/Registered Agent

01/17/25

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.*

⑤



Required Signature/Incorporator

01/17/25

Date