

Florida Department of State
Division of Corporations
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Division of Corporations
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JAN 25 2025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ELOENIA L. JARQUIN DE MIRANDA, PA.

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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: ELOENIA L. JARQUIN DE MIRANDA, PA.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3905 15TH ST W

3905 15TH ST W

LEHIGH ACRES, FL 33971

LEHIGH ACRES, FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELOENIA L. JARQUIN DE MIRANDA

Name and Title: _____

Address 3905 15TH ST W

Address: _____

LEHIGH ACRES, FL 33971

President

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ELOENIA L. JARQUIN DE MIRANDA
Address: 3905 15TH ST W
LEHIGH ACRES, FL 33971

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ELOENIA L. JARQUIN DE MIRANDA
Address: 3905 15TH ST W
LEHIGH ACRES, FL 33971

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

Eloenia L. Jarquin de Miranda
Required Signature/Registered Agent

01/22/2025

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.

Eloenia L. Jarquin de Miranda
Required Signature/Incorporator

01/22/2025

Date

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SECRETARY OF STATE
FLORIDA