

To:

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2025-01-24 17:12:10 SMT

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From: Yanet Avila

21/25, 12:51 PM

Division of Corporations

P25000004402

Florida Department of State

Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
LINDA MARIA ERICE PA

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January 24, 2025

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: LINDA MARIA ERICE PA  
REF: W25000008860

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please list the complete principal office address.

ADDRESS IS MISSPELLED, PLEASE CORRECT

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

Frantz Clerjuste  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H25000024031  
Letter Number: 225A00001441

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: LINDA MARIA ERICE PA**ARTICLE II PRINCIPAL OFFICE**Principal street address  
2000 S. BAYSHORE DR APT 24  
COCONUT GROVE, FL 33133Mailing address, if different is:  
2000 S. BAYSHORE DR APT 24  
COCONUT GROVE, FL 33133**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: The nature of business is: Real Estate Associate**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIA ERICE - P

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

Address 2000 S. BAYSHORE DR APT 24

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

COCONUT GROVE, FL 33133

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2025 JAN 24 AM 11:30

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: MARIA ERICEAddress: 2000 S. BAYSHORE DR APT 24COCONUT GROVE, FL 33133ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: MARIA ERICEAddress: 2000 S. BAYSHORE DR APT 24COCONUT GROVE, FL 33133ARTICLE 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*Maria Erice2025-01-21

Required Signature/Registered Agent

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.*Maria Erice2025-01-21

Required Signature/Incorporator

Date

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