

8/31/22, 12:41 PM

P2200068142  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000298046 3)))



H220002980463ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

SECRETARY OF STATE  
FALLAHASSETT FIELD

22 SEP - 1 PM 11:59

FILED

2022 SEP - 1 PM 12:15

REGISTRATION

FLORIDA PROFIT/NON PROFIT CORPORATION  
LEOPOLDO ORTEGA PA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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: LEOPOLDO ORTEGA PA

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3558 Magella Cir Apt 132
Mailing address, if different is:
Aventura, FL 33180

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate Sales Associate

ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Leopoldo E Ortega - President
Address: 3558 Magella Cir Apt 132
Aventura, FL 33180

22 SEP 11 PM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: ALEX PINA CO.  
Address: 8400 NW 36th St Ste 450  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leopoldo E Ortega  
Address: 3558 Magella Cir Apt 132  
Aventura, FL 33180

**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 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*

*Alex Pina*  
Required Signature/Registered Agent

08/30/2022  
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.*

*Leopoldo Ortega*  
Required Signature/Incorporator

08/30/2022  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
22 SEP 1 PM 11:5  
FILED

LEOPOLDO ORTEGA P. A.  
P12000098176

August 30th, 2022

Re: Statement of Name Release.

Dear Administration,

I, Leopoldo Ortega, confirm that LEOPOLDO ORTEGA P. A. - P12000098176 will not be reinstated and therefore we release the use of the name to another entity.

Respectfully,

*Leopoldo Ortega*

\_\_\_\_\_  
Leopoldo Ortega

**FILED**  
22 SEP - 1 PM 11: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

850-617-6381 9/1/2022 10:43:55 AM PAGE 1/001 Fax Server



September 1, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALEX PINA CO.

SUBJECT: LEOPOLDO ORTEGA PA  
REF: W22000112023

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 specific business purpose of the professional association must be stated in the document.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H22000298046  
Letter Number: 122A00019529

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 SEP - 1 PM 11:59

FILED