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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844) 386-0178
Fax Number : (214) 317-4754

****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
RTS TH 1402, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

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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: RTS TH 1402, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FLORIDA 33180

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO D VOLPE, PRESIDENT
Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FLORIDA 33180

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

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(conti.)

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:

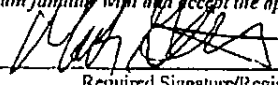
Name: MARK GERSTLE
Address: 2630 NE 203 STREET, STE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

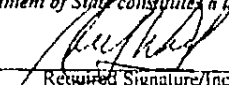
Name: RICARDO D. VOLPE
Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FLORIDA 33180

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

9/5/18
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.


Required Signature/Incorporator

09/05/2018
Date

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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