

P19000016735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

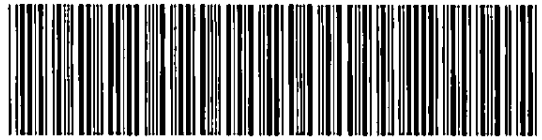
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TULLAHASSEE, ALABAMA

FEB 26 AM 10:49

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 Phone: 305-444-4994  
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Urbaniza Concept & Design Corp.  
 (CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

Walk-In  Pick up time: \_\_\_\_\_  Certified Copy  Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**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: URBANIZA CONCEPT & DESIGN CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 4045 SHERIDAN AVE Mailing address, if different is: SAME  
STE 201  
MIAMI BEACH, FL. 33140

**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: SHARES 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CRISTIANE BOMENY (P/S/D) Name and Title: \_\_\_\_\_  
Address: 4045 SHERIDAN AVE Address: \_\_\_\_\_  
STE 201  
MIAMI BEACH, FL. 33140

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

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

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**TALLAHASSEE, FL 32302**

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: CRISTIANE BOMENY  
 Address: 4045 SHERIDAN AVE STE 201  
MIAMI BEACH, FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CRISTIANE BOMENY  
 Address: 4045 SHERIDAN AVE STE 201  
MIAMI BEACH, FL 33140

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**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 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*

\_\_\_\_\_  
 Required Signature/Registered Agent 02/25/2019  
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 02/25/2019  
Date