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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

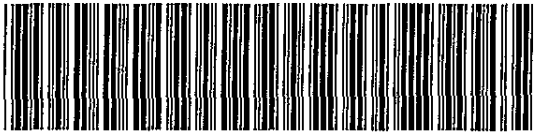
(Business Entity Name)

(Document Number)

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

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03 JUL 11 AM 6:11  
SEC. OF STATE, FLORIDA  
TALLAHASSEE, FLORIDA

10718

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** South Miami Beach Apartments, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Troy Santamaria  
Name (Printed or typed)

P.O. Box 490008  
Address

Ft. Lauderdale, Florida 33349  
City, State & Zip

(305) 534-3733  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**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:  
South Miami Beach Apartments, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
P.O. Box 490008  
Ft. Lauderdale FL 33349

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Non-transient housing / apartment building

**ARTICLE IV SHARES**

The number of shares of stock is:  
1000. No par

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

List name(s), address(es) and specific title(s):  
Troy Santamaria, Director and Officer  
P.O. Box 490008  
Ft. Lauderdale FL 33349

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
Troy Santamaria  
1616 Drexel Avenue #5  
Miami Beach FL 33139

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:  
Troy Santamaria  
1616 Drexel Avenue #5  
Miami Beach FL 33139

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

July 2, 2003  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

July 2, 2003  
\_\_\_\_\_  
Date