

704000120431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

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

SUBJECT: Appraisal Associates of Miami, 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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael Ortiz  
Name (Printed or typed)

8534 SW 163 Place  
Address

Miami, FL 33193  
City, State & Zip

786-251-9743  
Daytime Telephone number

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DIVISION OF CORPORATIONS  
F119

**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:

Appraisal Associates of Miami, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8534 SW 163 Place  
Miami, Fl 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of corporation is a residential appraisal company.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

List name(s), address(es) and specific title(s):

Samuel Ortiz, Manager  
8534 SW 163 Place  
Miami, Fl 33193

Michael Ortiz, President  
8534 SW 163 Place  
Miami, Fl 33193

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Ortiz  
8534 SW 163 Place  
Miami, Fl 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael Ortiz  
8534 SW 163 Place  
Miami, Fl 33193

\*\*\*\*\*

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

Michael Ortiz  
Signature/Registered Agent

8/16/04  
Date

Michael Ortiz  
Signature/Incorporator

8/16/04  
Date

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SECRET  
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