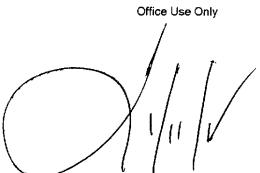
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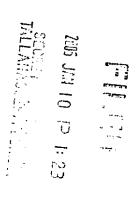
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone #

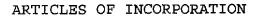
OFFICE USE ONLY

Examiner's Initials

| IODBOD ATTION NAME (a) D. T | OCT INTERIT BY BADED (C) (C)           |
|-----------------------------|--|
|                             | OCUMENT NUMBER(S) (if known):          |
| Mikera Apar                 | tments, Inc.                           |
| (Corporation Name)          | (Document #)                           |
| (Corporation Name)          | (Document #)                           |
|                             |  |
| (Corporation Name)          | (Document #)                           |
| (Corporation Name)          | (Document #)                           |
| ☐ Walk in Pick up ti        | me Certified Copy                      |
| Mail out Will wait          | Photocopy Certificate of Status        |
|                             |  |
| NEW FILINGS                 | AMENDMENTS                             |
| Profit                      | Amendment                              |
| NonProfit                   | Resignation of R.A., Officer/ Director |
| Limited Liability           | Change of Registered Agent             |
| Domestication               | Dissolution/Withdrawal                 |
| Other                       | Merger                                 |
|                             | <u></u>                                |
| OTHER FILNGS                | REGISTRATION/                          |
| Annual Report               | QUALIFICATION                          |
| Fictitious Name             | Foreign                                |
| Name Reservation            | Limited Partnership                    |
| <del></del>                 | Reinstatement                          |

Trademark

Other



TALLATIASSES, FLORE

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:

MIKEKA APARTMENTS, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

31 West 29th Street Hialeah, Fl 33012

ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares \$1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent is:

Ivan Morales 31 West 29th Street Hialeah, Fl 33012

## ARTICLE V BOARD OF DIRECTORS

Ivan Morales - President (50% Shares) 31 West 29th Street Hialeah,Fl 33012

Raquel Morales - Vice-President (50% Shares) Same as above

Pablo Morales - Treasury Same as above

Barbara L Morales - Secretary Same as above ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Ivan Morales

31 West 29th Street Hialeah, Fl 33012

Signature/Incorporator

1-06-05

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent