

PO7000065929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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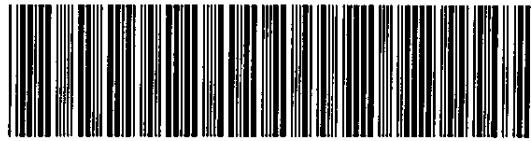
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE JUN -5 2007

COVER LETTER

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

SUBJECT: Myami Concierge
(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: Justin M. Rubin
Name (Printed or typed)

1200 Ocean Drive
Address

Miami Beach, FL 33139
City, State & Zip

215.913.4757
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:
Myami Concierge, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1200 Ocean Drive, Suite 310 Miami Beach, FL 33139/
Mailing: PO Box 192024, Miami Beach, FL 33119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Servicing executives chores, plan events, property management.

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
President, CEO, and Director: Justin M. Rubin, 1200 Ocean Drive, Miami Beach, FL 33139

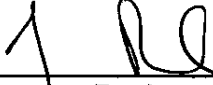
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Justin M. Rubin, 1200 Ocean Drive, Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Justin M. Rubin, 1200 Ocean Drive, 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



Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date

Date



Date

Date