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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Law Office of Attorney

JORGE RODRIGUEZ-CHOMAT & ASSOCIATES, P.A

The Four Ambassadors – Suite 470-471 801 Brickell Bay Drive – Miami, Florida 33131 Telephone (305)374-0056 – Fax (305)373-8399 e-mail: chomatpa@aol.com

November 10, 2010 Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fla. 32314

Re: 1697 Palm Avenue, Inc.

Dear Sir/Madam:

Enclosed hereto please find the original and two copies of the Cover Letter and Articles of Incorporation for the above identified Florida corporation..

Please return a certified copy to us. A self addressed and stamped envelope is enclosed.

Thank you.

Scapu

Sincerely yours.

orge Rodriguez-Chomat

COVER LETTER

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

SUBJECT: 1697 Palm Avenue, Inc	C.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 \$78.75	\$78.75	\$87.50
Filing Fee Filing Fee	☐Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Jorge Rodriguez-Chomat	. Esa	
	(Printed or typed)	
801 Brickell Bay Drive, S	Suite # 471	
	Address	
Miami, Fla. 33131		
City,	State & Zip	
<u>305-374-0056</u>		
Daytime T	elephone number	
Daniel addition (c. V.	I for Cution or the last	notification\
E-man aggress: (to be used	for future annual report	nottication)

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	<u>NAME</u>		116613
The name of the co	rporation shall be: 1697 Palm Avenue., Inc.	10	MOV to but a me
ARTICLE II	PRINCIPAL OFFICE		NOV 12 PM 2:36
11(11(00)	Principal street address	Mailing addn	ess, if different is:
9	451 Journey Ends Road	9451 Journey End	ROSCILL OF STATE
	oral Gables, Fla. 33156	Coral Gables, Fla	ss. if different is: S Road 17 OF STATE 33 56 CE. FLORIDA
_		<u> </u>	
ARTICLE III			
The purpose for w	hich the corporation is organized is:		
	real properties including the purcha	se, repair, improvement	, maintenance, rentals
and resale of	real properties.		
ARTICLE IV			
The number of shar	res of stock is: 500		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>સ્ક</u>	
Name and Ti	tle: Mario Ferro, President, Secretary	_ Name and Title:	······································
Address:	9451 Journey Ends Road	Address:	
	Coral Gables, Fla. 33156		
			
Name and Ti	tle:Maria Elena Ferro, Vice-President,Treasure	as Name and Title:	
Address:	9451 Journey Ends Road	Address:	
Augress.	Coral Gables, Fla. 33156		
	Coral Gaules, Fla. 33 130		
			•
	tle:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Mario Ferro	_	
Address:	9451 Journey Ends Road		
	Coral Gables, Fla. 33156	_	
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Mario Ferro		
Address:	9451 Journey Ends Road		
	9451 Journey Ends Road Coral Gables, Fla. 33156		
			4 4b = mluuu duninuu 44 di
ruving been numi his certificate, I an	ed as registered agent to accept service of proces in familiar with and accept the appointment as rej	ss jor the above statea corporat gistered agent and agree to act i	ion at the place aesignatea t n this capacity
	h		
$\neg 1$.			1 - Y - 1/J
Mace	Required Signature/Registered Agent		11-9-10 Date