

P10000093564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

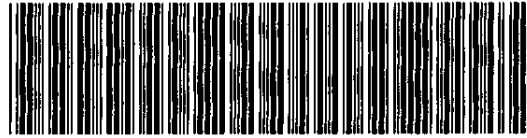
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: LIMORTI PROPERTIES, 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: MARCELO A. MOINO  
Name (Printed or typed)

15552 SW 15 STREET  
Address

WESTON, FLORIDA 33320  
City, State & Zip

954-536-8235  
Daytime Telephone number

MARCELO @ MFARCHITECTS.COM ✓  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2010

MARCELO A MOINO  
15552 SW 15 STREET  
WESTON, FL 33326

SUBJECT: LIMORTI PROPERTIES, INC.  
Ref. Number: W10000052665

We have received your document for LIMORTI PROPERTIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please insert the name of the corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 410A00026455

**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: LIMORTI PROPERTIES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15552 SW 15 STREET  
WESTON, FL 33326

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE INVESTMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: <u>MARCELO A. MOINO</u> Address: <u>15552 SW 15 STREET</u> <u>WESTON, FL 33326</u>	Name and Title: <u>PRESIDENT</u> Address: _____ _____
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Name and Title: <u>MARIA E. FERNANDEZ</u> Address: <u>15552 SW 15 STREET</u> <u>WESTON, FL 33326</u>	Name and Title: <u>VICE-PRESIDENT</u> Address: _____ _____
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Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
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**ARTICLE VI REGISTERED AGENT**

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

Name: MARCELO A. MOINO  
Address: 15552 SW 15 STREET  
WESTON, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCELO A. MOINO  
Address: 15552 SW 15 STREET  
WESTON, FL 33326

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

Sharon G. Brown  
Required Signature/Registered Agent

NOV. 2, 2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sharon G. Brown  
Required Signature/Incorporator

NOV. 2, 2010  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA