## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI CONDO MANAGEMENT INC

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February 8, 2011

## FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: MIAMI CONDO MANAGMENT INC

REF: W11000007608

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: E11000032031 Letter Number: 011A00003293

DIVISION OF CORPORATION

SCORETARY OF THAT DIVISION OF CORPURATION

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2011 FEB -8 PM 2: 16

ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
<u>1:</u> M	3487 SW 62 ST NUM 3 UAMI FLA 33183	
	PURPOSE	
The purpose for will MANAGEMEN	hich the corporation is organized is: 7, MAINTENIMENT, REAL STATE INV	ESTMENT & WALLSTREET
IRTICLE IV	es of stock is: 100	
	INITIAL OFFICERS AND/OR DIRECTORS tle:BLAS_JUSTIZ_DIRECTOR	Name and Trains
Address:	13487 SW 62 ST NUMER 2	Name and Title:
,	MIAMLELA 33183	
Name and Ti	th: MARIA D. ALFONSO - T	Name and Title:
Address:	1-3487 SW 625T.	Address:
	Num 3 MIGMI_FL 33183	
Name and Ti	tle:	Name and Title:
Addiess.		Address:
ARTICLE VI	REGISTERED AGENT	
	rids street address (P.O. Box NOT accentable) of the	e registered agent is:
Name:	BLAS JUSTIZ	
Address:	13487 SW 62 ST	
	MIAMLELA 33183	
	INCORPORATOR	
	ress of the Incorporator is:	
Name: Address:	MARIA D AL FONSO	
Aduress,	13487.SW 62.ST MIAMI FLA 33183	
Yaving been name his certificate, I an	<del></del>	or the above stated corporation at the place designated a cred agent and agree to act in this capacity
	This	2/3/2011_
	Required Signature/Registered Agent	Date
submit this docu	ment and affirm that the facts stated herein are tr	ue. I am aware that the false information submitted in
locument to the De	sportment of State constitutes a third degree felony a	n provided for in s. 817.155, F.S.
document to the De	001	s provided for in s.817.155, F.S. 2/3/2011