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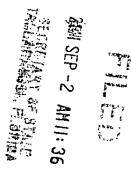
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## **COVER LETTER**

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

SUBJECT: Destination Miami Bead	ch, Inc.			
(PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee	\$78.75 \$87.50 Filling Fee			
& Certificate of Status	☐Filing Fee,  & Certified Copy  Certified Copy			
or community or change	& Certificate of			
	Status			
	ADDITIONAL COPY REQUIRED			
FROM: Raffaele Schiraldi				
Name	(Printed or typed)			
	MB # 410			
10773 NW 58th Street PMB # 410  Address   → →				
	audiess N			
Miami, FL 33178				
City,	State & Zip			
305-505-6403	yer <b>(b)</b> 1			
Daytime Telephone number				
raffaeleschiraldi@yahoo.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				

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 The name of the	NAME Corporation shall be:	each, Inc.		
ARTICLE II	Principal street address	Mailing a	Mailing address, if different is:	
	10773 NW 58th Street	Como		
	PMB # 410 Miami, FL 33178	Same		
	THE THE TENE			
The purpose for Provide cor Miami Beac	which the corporation is organized is:	on vacation apartment a	and home rentals in the	
ARTICLE V	SHARES hares of stock is:100  INITIAL OFFICERS AND/OR DIRECT  Title: Raffaele Schiraldi - President 10773 NW 58th Street PMB # 410	Name and Title: N/A Address:		
	Miami, FL 33178		<u> </u>	
Name and Address:	Title: N/A	Name and Title: N/A		
Name and Address:	Title: N/A	Name and Title: <u>N/A</u> Address:		
ARTICLE VI	REGISTERED AGENT		42.	
	Torida street address (P.O. Box NOT acceptable	le) of the registered agent is:	SEP	
Name:	Raffaele Schiraldi		wree	
Address:	10773 NW 58th Street Miami FL 33178			
	Wiami, Ft 33178			
ARTICLE VII	INCORPORATOR		All story	
	ddress of the Incorporator is:		A STATE OF THE STA	
Name:	Raffaele Schiraldi		\$ 3	
Address:	10773 NW 58th Street Miami, FL 33178			
	med as registered agent to accept service of pr am familiar with and accept the appointment a			
			08/30/2011	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the	false information submitted in a	
	4		08/30/2011	
	Required Signature/Incorporator		Date	