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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Fax Number : (305) 633-9696

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LA MIAMI REAL ESTATE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: LA MIAMI REAL ESTATE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Rochelle MALEK
Name (Printed or typed)

407 Lincoln Road - Suite 4-C
Address

MIAMI BEACH, FLORIDA 33139
City, State & Zip

305-538-4431
Daytime Telephone number

rochelmala@aol.com
E-mail address: (to be used for future annual report notification)

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

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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: LA MIAMI REAL ESTATE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 407 LINCOLN ROAD
Suite 4-C
MIAMI BEACH, FLORIDA
33139
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To engage in any legal business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS - Sec. + Treas.
Name and Title: OFIR BAR-DEG Name and Title: _____
Address: 407 LINCOLN ROAD Address: _____
Suite 4-C
MIAMI BEACH, FLORIDA 33139
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: OFIR BAR
Address: 407 LINCOLN ROAD - Suite 4-C
MIAMI BEACH, FLORIDA 33139

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: OFIR BAR
Address: 407 LINCOLN ROAD - Suite 4-C
MIAMI BEACH, FLORIDA 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] Required Signature/Registered Agent
Nov. 22, 2011 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.
[Signature] Required Signature/Incorporator
Nov. 22, 2011 Date

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TALLAHASSEE, FLORIDA

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