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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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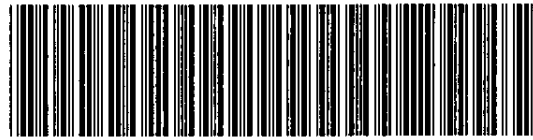
(Business Entity Name)

(Document Number)

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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: 1617 SEVENTH PLACE VENTURES, 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: NORMAN MALINSKI
Name (Printed or typed)
2875 NE 191 Street, Suite 508
Address
Aventura, Florida 33180
City, State & Zip
(305) 937-4242
Daytime Telephone number
NM@NMLAWFIRM.NET
E-mail address: (to be used for future annual report notification)

DEPT OF STATE
TALLAHASSEE, FLORIDA

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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 NAME

The name of the corporation shall be: 1617 SEVENTH PLACE VENTURES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2875 NE 191 Street, #508
Aventura, FL 33180

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to own real estate.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norman Malinski, President Name and Title: _____
Address: 2875 NE 191 Street, #508 Address: _____
Aventura, FL 33180

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: Norman Malinski
Address: 2875 NE 191 Street, #508
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Norman Malinski
Address: 2875 NE 191 Street, #508
Aventura, FL 33180

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

Norman Malinski

Required Signature/Registered Agent

9/25/2012

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.

Norman Malinski

Required Signature/Incorporator

9/25/2012

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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