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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Emmil Address:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082

: (305)871-0889

Phone Fax Number

: (305)870-9623

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

FLORIDA PROFIT/NON PROFIT CORPORATION BASULTO PROPERTY MANAGEMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

COVER LETTER

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

SUBJECT:	BASULTO PROPERTY MANAGEMENT,	INC.
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFEIX)	

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

\$70.00 \$78.75 \$\$

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

	YANELLE M BARINAS Name (Printed or typed)
	5701 NW 36 ST
	Address
	MIAMI, FL 33166
	City, State & Zip
	3058710889
	Daytime Telephone number
	BARINASB@GMAIL.COM
	E-mail address: (to be used for future annual report notification)

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

FILED SECRETARY OF STATE DIVISION OF CURPORATIONS

ARTICLES OF INCORPORATION

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

13 JUN 15 AM 10: 01

Principal street address Mailing address, if different D1 NW 36 ST AMI, FL 33166 TCLE III PURPOSE purpose for which the corporation is organized is: Y AND ALL LAWFUL PURPOSES TCLE IV SHARES	Principal street address O1 NW 36 ST IAMI, FL 33166 TICLE III PURPOSE purpose for which the corporation is organized is: NY AND ALL LAWFUL PURPOSES TICLE IV SHARES number of shares of stock is: NY AND ALL LAWFUL PURPOSES TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address MARIA C BASULTO 5701 NW 36 ST MIAMI, FL 33166 Name and Title: Address Name and Title: Address Name and Title: Address Name and Title:	Principal street address Mailing address, if differe 701 NW 36 ST AMI, FL 33166	ss, if different is	Mailing address, if diffa	Principal <u>street</u> address T 166	701 NW 36 S
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	AUGIC35 Address			TABLIC STIG TIME:		
ADDIESS Address	Audiess,	Address; Address;				Address _



13 JUN 15 AM 10: 01

Name a	ind Title:	Name and Title:
Addre		Address:
ARTICLE VI	REGISTERED AGENT	Fabruari de constitui
	Florida street address (P.O. Box NOT acceptable) o MARIA C BASULTO	i ne registereo agent is.
Name: Address:	5701 NW 36 ST	-
	MIAMI, FL 33166	- -
ARTICLE VI	I INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	MARIA C BASULTO	_
Address:	5701 NW 36 ST	_
	MIAMI, FL 33166	-
Having been n this certificate,	amed as registered agent to accept service of process If am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
H	san l' Raento	06/20/2013
	Required Signature/Registered Agent	Date
I submit this d document to th	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felot	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
	lais O. Franko	06/20/2013
	Required Signature/Incorporator	Oate