

**P130000091467**

**Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**EFFECTIVE DATE** 11/1/14

**\*\*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  
SOUTH FLORIDA PROPERTY INVESTMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**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: SOUTH FLORIDA PROPERTY INVESTMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
5022 NW 189th TERR.  
MIAMI GARDENS, FL 33055

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

EFFECTIVE DATE 1/1/14

Name and Title: ARMANDO A. PEREZ ORTIZ (P/D)

Name and Title: \_\_\_\_\_

Address

5022 NW 189th TERR.

Address: \_\_\_\_\_

MIAMI GARDENS, FL 33055

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARMANDO A. PEREZ ORTIZ  
Address: 5022 NW 189th TERR.  
MIAMI GARDENS, FL 33055

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ARMANDO A. PEREZ ORTIZ  
Address: 5022 NW 189th TERR.  
MIAMI GARDENS, FL 33055

**ARTICLE VIII**

Effective date: Jan. 01, 2014

*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*

\_\_\_\_\_  
Required Signature/Registered Agent\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator\_\_\_\_\_  
Date