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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/8

## COVER LETTER

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

SUBJECT: Grove At Venetia Homeowners Recovery, 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: Julian Hernandez  
Name (Printed or typed)  
P.O. Box 971225  
Address  
Miami, FL 33197  
City, State & Zip  
786-208-3761  
Daytime Telephone number  
julian\_bh@live.com  
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 NAME**

The name of the corporation shall be: Grove At Venetia Homeowners Recovery, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9239 SW 227 ST # 3

Cutler Bay, FL 33190

Mailing address, if different is:

P.O. Box 971225

Miami, FL 33197

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: "Professional Corporation"

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES** 10,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Julian Hernandez (President)

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

Address P.O. Box 971225

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

Miami, FL 33197

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(conti.)

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: Julian Hernandez  
Address: 9239 SW 227 ST # 3  
Cutler Bay, FL 33190

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julian Hernandez  
Address: P.O. Box 971225  
Miami, FL 33197

*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

11-1-2013

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

11-1-2013

Date