## P130093521

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
come of Article It RA					
DATE STATE					

Office Use Only



500253638915

11/14/13--01012--008 \*\*78.75

JIVISION OF CORPORATIONS

13 NOV 14 PH 3: 64

Psilles

## **COVER LETTER**

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

SUBJECT: PRO	OPERTYAID, IN	C	
50b3EC1		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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
		ADDITIONAL CO	
rkowi.		e (Printed or typed)	
13	5180 NE 14th Av	Address	
N	orth Miami Beac	h, FL 33162	
	•	, State & Zip	
<u>(3</u>	05)944-3405		
	Daytime 1	Celephone number	
<u>m</u>	nottrose@gmail.co		
	E-mail address: (to be use	ed 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 NA	AME oration shall be: PropertyAid, Inc		SECRETARY ( DIVISION OF COR	Strawn.
	RINCIPAL OFFICE Principal street address		13 NOV 14 P	M 3: 4:
	Beach, FL 33162			
ARTICLE III PU	RPOSE h the corporation is organized is:	and mana	age rental properties	<u> </u>
RTICLE IV SI	HARES of stock is:			
RTICLE V IA	IITIAL OFFICERS AND/OR DIRECTORS	<u>ş</u>		
Name and Ti	Rose Minott President &CEO	Name and Title		
Address	15180 NE 14th Ave	Address:		
	North Miami Beach, FL 33162			
Name and Tit	Louis B Antoine, Vice-President	Name and Title	Evadney Minott, Treas	urer
Address	11979 SW 55 Street	Address:	310 Beverley Road,	#3E
	Cooper City, FL 33330		Brooklyn, NY 11218	3
Name and Tit	lvy Antoine, Secretary	Name and Title		
Address	11979 SW 55 Street	Address:		
e e ne une William	Cooper City, FL 33330			

Name and Titl	e:	Name and Title:	SECRETARY OF STATE DIVISION OF CORPORATIONS  13 NOV   L PM 3: 44
The name and Florida Name:	GISTERED AGENT  Street address (P.O. Box NOT acceptable) of See Minoth  5180 NE 14th Ave	the registered agent is:	
<del></del>	corporator is:		
Name: Address:	Rose Minott 15180 NE 14th Ave		
I submit this documen	North Miami Beach, FL 33162  s registered agent to accept service of process miliar with and accept the appointment as regular with and accept the appointment as regular Required Signature/Registered Agent and affirm that the facts stated herein are attended to the state of State constitutes a third degree felong Required Signature/Incorporator	istdred agent and agree	to act in this capacity