## P1400012428

| (Re                     | questor's Name)   |             |  |  |
|-------------------------|-------------------|-------------|--|--|
|                         |                   |             |  |  |
| (Address)               |                   |             |  |  |
| (Ad                     | dress)            |             |  |  |
| (Cit                    | y/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                     | siness Entity Nar | me)         |  |  |
| (Document Number)       |                   |             |  |  |
| Certified Copies        | _ Certificates    | s of Status |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |
|                         |                   |             |  |  |
|                         |                   |             |  |  |
|                         |                   |             |  |  |
|                         |                   |             |  |  |

Office Use Only



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## COVER LETTER

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

| SUBJECT:             | ATAININES REALTT CORP                      |                                     |                                                     |  |
|----------------------|--------------------------------------------|-------------------------------------|-----------------------------------------------------|--|
|                      | (PROPOSED CORPORA                          | ATE NAME – <u>MUST INCL</u>         | <u>UDE SUFFIX</u> )                                 |  |
| Enclosed are an orig | ginal and one (1) copy of the ar           | 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                       |                                                     |  |
|                      | drian Flores Nam P66 NE 123 ST #           | e (Printed or typed)                |                                                     |  |
|                      |                                            | Address                             |                                                     |  |
| N                    | orth Miami, FL 3                           | 3181                                |                                                     |  |
|                      | City                                       | , State & Zip                       |                                                     |  |
| 78                   | 36 2087778                                 |                                     |                                                     |  |
| <del></del>          | Daytime 1                                  | Selephone number                    |                                                     |  |
| <u>ac</u>            | lrianflar@gmail.con                        | າ                                   |                                                     |  |
|                      | h-mail address: (to be use                 | d 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)

| The name of the corporati                    | ion shall be: Ayannes Realty C                               | orp            |                                         |
|----------------------------------------------|--------------------------------------------------------------|----------------|-----------------------------------------|
| ARTICLE II PRIM                              | YCIPAL OFFICE<br>Principal street address                    |                | Mailing address, if different is:       |
| Suite 319                                    |                                                              |                |                                         |
|                                              | each, FL 33181                                               |                |                                         |
| ARTICLE III PURI<br>The purpose for which th | POSE ne corporation is organized is:                         | state Broke    | erage                                   |
|                                              |                                                              |                | 74 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - |
|                                              |                                                              |                |                                         |
|                                              |                                                              |                | 77 - 276 - 4                            |
|                                              |                                                              |                |                                         |
|                                              | tal officers and/or director<br>Adrian I. Flores (President) |                | Francisco J. Flores A. (Vice President) |
| Address                                      | 1966 NE 123 ST #234                                          | Address:       | 1966 NE 123 ST #234                     |
|                                              | North Miami, FL 33181                                        |                | North Miami, FL 33181                   |
| Name and Title:                              |                                                              | Name and Title | :                                       |
| Address                                      |                                                              |                |                                         |
| Name and Title:                              |                                                              |                | :                                       |
| Address                                      |                                                              | _ Address:     |                                         |
|                                              |                                                              |                |                                         |

| Name ar                                | nd Title:                                                                                                | _ Name and Title:                                          |
|----------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Address                                | <u> </u>                                                                                                 | Address:                                                   |
|                                        |                                                                                                          |                                                            |
| ARTICLE VI                             | REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of                                     | of the registered execution                                |
| Name:                                  | Deyci Ardila                                                                                             | n the registered agent is:                                 |
| Address:                               | 872 High Point Blvd N #D                                                                                 | <del>-</del>                                               |
|                                        | Delray Beach, FL 33445                                                                                   |                                                            |
| ARTICLE VII                            | INCORPORATOR                                                                                             |                                                            |
| The name and ac                        | ddress of the Incorporator is:                                                                           |                                                            |
| Name:                                  | Adrian Flores                                                                                            | CFLCARE                                                    |
| Address:                               | 1966 NE 123 ST #234                                                                                      |                                                            |
|                                        | North Miami, FL 33181                                                                                    | ~                                                          |
| Having been nan<br>this certificate, I | ned as registered agent to accept service of proces<br>am familiar with and accept the appointment as re |                                                            |
|                                        | Required Signature/Registered Agent                                                                      | love 01/29/14  Date                                        |
| I submit this doc<br>document to the   |                                                                                                          | true. I am aware that the false information submitted in a |
|                                        |                                                                                                          | 01/29/14                                                   |
|                                        | Required Signature/Incorporator                                                                          | Date                                                       |
|                                        | /                                                                                                        |                                                            |