5/29/2014

P14000040089

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

087 CAPITAL, CORP.

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: 087 Capital, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2030 S Douglas Road
Suite 208
Coral Gables, FL 33134

Mailing address, if different is:
2030 S Douglas Road
Suite 208
Coral Gables, FL 33134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate investment

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TALLAHASSEE FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alejandro Ensinck, President
Address: 2030 S Douglas Road, Suite 208, Coral Gables, FL 33134

Name and Title:
Address:

Name and Title: Alejandro Ensinck, Secretary
Address: 2030 S Douglas Road, Suite 208, Coral Gables, FL 33134

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

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: Sandra Ciola

Address: 2030 S Douglas Road, Suite 208

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Name: Alejandro Ensinck

Address: 2030 S Douglas Road, Suite 208

Coral Gables, FL 33134

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

_____ 05/28/2014

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.

Alejandro Ensinck 05/28/2014

Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA