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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

SECRET
STATE
TALLAHASSEE, FLORIDA

14 AUG -7 AM 11:38

****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 BISCAYNE PROPERTIES, INC.**

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

78845

*Please file
on the same
day that was
for 8/1/14*

Electronic Filing Menu

Corporate Filing Menu

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*ee-jaw
8/12/14*



August 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: SOUTH BISCAYNE PROPERTIES, INC.
REF: W14000048670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H14000186986
Letter Number: 014A00017090

RECEIVED
14 AUG 12 PM 3:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

4

COVER LETTER

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

SUBJECT: South Brocade Properties, 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: ARMANDO BRANA
Name (Printed or typed)
3971 S.W. 8 Street, Suite #301
Address
Miami, FL 33134
City, State & Zip
(305) 444-7770
Daytime Telephone number
brana@bellsouth.net
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:

South Biscayne Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10377 S.W. 88 Street

Suite #K2

Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investments

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Liliana Duque

Name and Title:

President

Address:

10377 S.W. 88 Street

Address:

Suite #K-2

Miami, FL 33176

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

14 AUG -7 AM 11:30
RECEIVED
CLERK OF THE COURT
JULIA A. GIBSON

(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: Liliana Duque
Address: 10377 S.W. 88 Street, K-2
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Liliana Duque
Address: 10377 S.W. 88 Street, K-2
Miami, FL 33176

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.

Liliana Duque
Required Signature/Registered Agent

8/7/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted by a document to the Department of State constitutes a third degree felony as provided for in 2.817.135, F.S.

Liliana Duque
Required Signature/Incorporator

8/7/2014
Date

14 AUG -7 AM 11:33
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DEPARTMENT
FLORIDA