## P1400074079

(Re	equestor's Name)		
(Ac	ldress)	·	
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
ŧ.	Office Use Only		



600263484946

09/08/14--01014--002 \*\*78.75

14 SEP -8 PN 4: 10-SECNELARY OF STATE VALLAHASSER FLORENA

9/9/14

## COVER LETTER

77

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

SUBJECT:	YONE ACIS	Realty,	PA.  UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	区\$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:	Name (Printed or typed)  17450 NE 15+ Ave  Address			
Miami Fl. 33162 = 7				
Daytime Telephone number  Vatherealtora anal. 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: ARTICLE II PRINCIPAL OFFICE Mailing address, if different i Principal street address ARTICLE III PURPOSE a licensed Realtor The purpose for which the corporation is organized is: Lic# 3267272) this ARTICLE IV SHARES The number of shares of stock is:\_\_ ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: Address Address: Miami, F1 33162 Name and Title: Name and Title: Address Address: Name and Title:\_\_\_\_\_\_Name and Title:\_\_\_\_\_

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

Address

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	of the registered agent is:
Name: Yonel Aris	_
Address: 17450 NE 1St AVE	_
Miami, F1 33162	_
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Yone Aris	_
Address: 17450 NE IST AUC	
Miami, Fl 33162	_
11/10/11/	_
Having been named as registered agent to accept service of process	ss for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
Mont Company (Providence of Assert	9/2/19 
Required Signature/Registered Agent	/ Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
1/10/10	9/2/14
Required Signature/Incorporator	Date
V	·
	ASS -
	ESCHARACTURE CONTRACTOR CONTRACTO
	SEP T
	RYCE, F
	and the second s