## P14000077302

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## **COVER LETTER**

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

SUBJECT: Regaly de Jesus Investments, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: Consuelo C. Fernandez, Esq.		
Name (Printed or typed)		
9415 Sunset Drive, #290		
Address		
Miami, FL 33173		
City, State & Zip		
(305) 443-2088		
Daytime Telephone number		
cfernandez@candctitle.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)

The name of the corporation shall be: Regaly de Jesus Investments, Inc.				
	· · · · · · · · · · · · · · · · · · ·	Mailing ad	ddress, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Any lawful business permitted by the State of Florida, but more specifically, but not limited, to investing in rea				
Name and Title	RES Stock is: 500 PLAL OFFICERS AND/OR DIRECTO Ileana Echevarria,P/S/D 380 West 21 Street Hialeah, FL 33010	RS  Name and Title:  Address:	14 SEP 17 AH II : 03	
Name and Title:				
		Address:		

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) of Consuelo C. Fernandez, Esq.	of the registered agent is:
Name:		_
Address:	9415 Sunset Drive, #290	_
	Miami, FL 33173	<b>₽</b> -
ARTICLE VII The name and a Name: Address:	Consuelo C. Fernandez, Esq. 9415 Sunset Drive, #290	14 SEP 17 AH II: 03
	Miami, FL 33173	_
this certificate()	med as registered agent to accept service of process am familiar with and accept the appointment as responsible of the control	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity  09/16/2014  Date
I submit this do	cument 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 felonswell . Function Required Signature/Incorporator	ny as provided for in s.817.155, F.S.  09/16/2014  Date