

P14000092631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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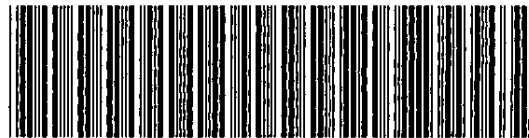
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/17/14

**COVER LETTER**

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

**SUBJECT: STEEL FRAME DEVELOPERS CORP**  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM: CARLOS CABRERA**  
Name (Printed or typed)  
**429 LENOX AVENUE SUITE 4W04**  
Address  
**MIAMI BEACH, FL 33139**  
City, State & Zip  
**305 794 2426**  
Daytime Telephone number  
**ienbaber@casoca-corp.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 12, 2014

CARLOS CABRERA  
429 LENOX AVENUE #4W04  
MIAMI BEACH, FL 33139

SUBJECT: STEEL FRAME DEVELOPERS CORP  
Ref. Number: W14000068177

We have received your document for STEEL FRAME DEVELOPERS CORP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00024052

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: STEEL FRAME DEVELOPERS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

429 LENOX AVENUE SUITE 4W04

MIAMI BEACH, FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CARLOS CABRERA, PRESIDENT

Name and Title: ENRIQUE BAYARRI, TREASURER

Address 429 LENOX AVENUE SUITE 4W04

Address: 429 LENOX AVENUE SUITE 4W04

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

Name and Title: ENRIQUE BAYARRI, SECRETARY

Name and Title: \_\_\_\_\_

Address 429 LENOX AVENUE SUITE 4W04

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

MIAMI BEACH, FL 33139

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

(conti.)

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: ARAZOZA FERNANDEZ-FRAGA, P.A

Address: 2100 SALZEDO STREET SUITE 300

CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

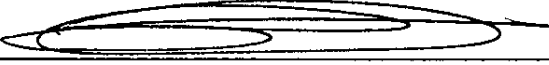
The **name and address** of the Incorporator is:

Name: ARAZOZA FERNANDEZ-FRAGA, P.A

Address: 2100 SALZEDO STREET SUITE 300

CORAL GABLES, FL 33134

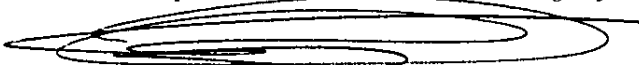
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11/10/2014

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11/10/2014

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA