

P15000025811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

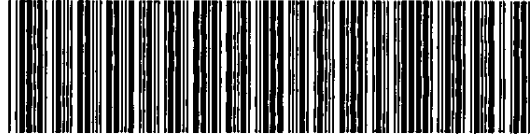
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800270513848

03/16/15--01048--005 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAR 16 PM 1:53

FILED

*News  
\* CC  
3/19/15*

**COVER LETTER**

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

**SUBJECT: 1801-A INVESTMENT 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  
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: Carlos A. Chiossone**

Name (Printed or typed)

**1865 Brickell Ave. Apt. 1801-A**

Address

**MIAMI, FL 33129**

City, State & Zip

**786-280-2484**

Daytime Telephone number

**carchio@gmail.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: 1801-A INVESTMENT CORP.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1865 Brickell Avenue.  
Apt. 1801- A  
MIAMI FL 33129

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE INVESTMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2015 MAR 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 4 (FOUR)

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

Name and Title: Carlos A. Chiossone President / Director

Name and Title: Carlos F. Chiossone Vicepresident / Director

Address: 1865 Brickell Ave.  
Apt. 1801-A  
MIAMI. FL 33129

Address: 1865 Brickell Ave  
Apt. 1801-A  
MIAMI. FL 33129

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

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

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

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

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: Carlos F. Chiossone

Address: 1865 Brickell Ave. Apt. 1801-A  
MIAMI. FL 33129

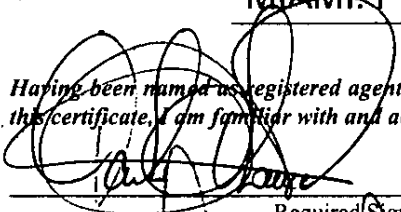
**ARTICLE VII INCORPORATOR**

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

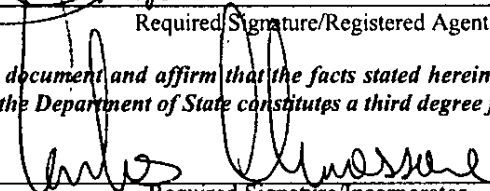
Name: Carlos F. Chiossone

Address: 1865 Brickell Ave. Apt. 1801-A  
MIAMI. FL 33129

*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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 Date