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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
M AND D BOYETTE APARTMENTS, INC.**

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: M and D Boyette Apartments, 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: Albert R Cohen CPA

Name (Printed or typed)

11420 N Kendall Dr. Suite 203

Address

Miami, FL 33176

City, State & Zip

305 271-3666 ext 205

Daytime Telephone number

golf4foodd@aol.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: M and D Boyette Apartments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3111 N Ocean Dr. Apt 1109

Hollywood, FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Apartment rental

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Boyette, President

Address: 3111 N Ocean Dr. Apt 1109
Hollywood, FL 33019

Name and Title: _____

Address: _____

Name and Title: Martha Boyette, Vice President

Address: 3111 N Ocean Dr. Apt 1109
Hollywood, FL 33019

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Martha Boyette
Address: 3111 N Ocean Dr. Apt 1109
Hollywood, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert R Cohen
Address: 11420 N Kendall Dr. Suite 203
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

Martha Boyette
Required Signature/Registered Agent

3/18/15
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.

Albert R. Cohen
Required Signature/Incorporator

3/18/15
Date