P1500037545

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

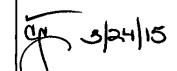
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COVER LETTER

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

SUBJECT: Sigmond Exposito Land trust DATES 01-24-2003 CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$\begin{align*} \text{\$\sigma} \ \$78.75 \\ \text{Filing Fee} \\ & \text{Certificate of Status} \end{align*} \$\$\$ \$78.75 \quad \text{\$\sigma} \ \$87.50 \\ & \text{Filing Fee} \\ & \text{Certified Copy} \\ & \text{Certified Copy} \\ & \text{Certificate of Status} \\ \text{ADDITIONAL COPY REQUIRED} \$\$\$\$\$\$\$\$\$\$

FROM: Sigmund Exposite
Name (Printed or typed)

5500 Collins AUE Apt 1401

Address

Miami Beach, Florida, 33140

City, State & Zip

786-426-6333

Daytime Telephone number

51994249@ YA Hoo. Com
Email address: (to be used for future annual report notification)

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

claretta



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2015

SIGMUND EXPOSITO 5500 COLLINS AVENUE APT. 1401 MIAMI BEACH, FL 33140

SUBJECT: SIGMUND EXPOSITO LAND TRUST DATED 07-24-2003 CORP

Ref. Number: W15000014748

We have received your document for SIGMUND EXPOSITO LAND TRUST DATED 07-24-2003 CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please list the city name in its entirety abbreviation is not acceptable.

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: 915A00004245

ה אלא איז הייני

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

The name of the corpo	oration shall be: Sigmund Exposite	LAND tRUS	t DA + Ed 07-24-2003 CORP
	Principal <u>street</u> address		Mailing address, if different is:
1881WASh,	ington AUE Apt 11F	550	O COLLINS AUE Apt 1401
	EACH FLORIDAD, 33139		Mi BEACH, FLORIDA 33140
	TRPOSE In the corporation is organized is:	Registe	A SHORT RENTAL Apt
			1
			三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
	•		
ARTICLE IV SP The number of shares	HARES of stock is: 100		9 4 57 STATE LORIDA
ARTICLE V IN	TITIAL OFFICERS AND/OR DIRECTOR	RS .h	, ,
Name and Ti	ile: PRESS ILENT SIGNUUD	Name and Title	RETARY EXPOSITO
Address	5500Collins Auc		•
	Apt 1401 MiAni BE		Apt 1401, MIAMI BEACH,
	FLORIDA, 33140	_	FLORIDA, 33140
Name and Tit	le:	_ Name and Title	
Address			
		_	
		-	
Name and Titl	le:	_ Name and Title	3:
Address		Address:	
		_	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	NOT acceptable) of the registered agent is:
Name: Sig Mudd Expos.	16
Address: 5500 Collius	
MIAMI BEACH	-, FM 33140
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Signand Exp	
Address: 5500 Collin	S AVE Apt 1401
MIRMI BE ALL	L, FH 33140
	t service of process for the above stated corporation at the place designated i appointment as registered agent and agree to act in this capacity
	2-24-201
Required Signature/Reg	gistered Agent Date Date
I submit this document and affirm that the facts	stated herein are true. I am aware that the false information submitted in third degree felony as provided for in s.817.155, F.S.
///	2-24-2017
Required Signature/I	ncorporator Exposito Date
	AE A T
	22 2