

P15000027545

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP 3/24/15

0000014748

COVER LETTER

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

SUBJECT: Sigmund Exposito Land Trust Dated 07-24-2003 Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$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: Sigmund Exposito
Name (Printed or typed)

5500 COLLINS AVE Apt 1401
Address

MIAMI BEACH, FLORIDA, 33140
City, State & Zip

786-426-6333
Daytime Telephone number

Siggy249@YAHOO.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 20 PM 4:57

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

clgretta



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: 915A00004249

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1881 WASHINGTON AVE Apt 11F
MIAMI BEACH FLORIDA, 33139

5500 COLLINS AVE Apt 1401
MIAMI BEACH, FLORIDA 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to REGISTER A SHORT RENTAL Apt
FORM DBPR-HR 7028

ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT SIGMUND EXPOSITO

Name and Title: SECRETARY SIGMUND EXPOSITO

Address: 5500 COLLINS AVE
Apt 1401, MIAMI BEACH
FLORIDA, 33140

Address: 5500 COLLINS AVE
Apt 1401, MIAMI BEACH,
FLORIDA, 33140

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Sigmund Exposito
Address: 5500 COLLINS AVE Apt 1401
MIAMI BEACH, FLA 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sigmund Exposito
Address: 5500 COLLINS AVE Apt 1401
MIAMI BEACH, FLA 33140

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
Sigmund Exposito

2-24-2015
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
Sigmund Exposito

2-24-2015
Date

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TALLAHASSEE, FLORIDA