

P/5000042909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

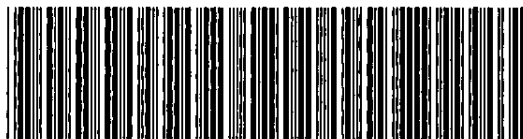
(Document Number)

Certified Copies

Certificates of Status

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05/07/15--01018--002 **78.75

EFFECTIVE DATE

5-1-15

MAY 1 2 2015

S. GILBERT

FILED
15 MAY -7 AM 11:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Miami Art & Real Estate, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☒ \$74.00
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: Paula Tin Nyo

Name (Printed or typed)

20640 Bay Brooke Ct

Address

Boca Raton, FL 33498

City, State & Zip

561 613 7486

Daytime Telephone number

paula@miamiartandrealstate.com

E-mail address: (to be used for future annual report notification)

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

EFFECTIVE DATE

5-1-18

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: Miami Art & Real Estate, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20640 Bay Brooke Ct

Boca Raton, FL 33498

Mailing address, if different from principal address:

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15 MAY -7 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales, Marketing & Advisory

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Tin Nyo, CEO

Name and Title:

Address

20640 Bay Brooke Ct

Address:

Boca Raton, FL 33498

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: Paula Tin Nyo
Address: 20640 Bay Brooke Ct
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

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

Name: Paula Tin Nyo
Address: 20640 Bay Brooke Ct
Boca Raton, FL 33498

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

May 3, 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

May 3, 2015

Date