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COVER LETTER

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

SUBJECT: _	AMANI (PROPOS	BOPEBY SED CORPORATE NAMES—M	MAGEMEN UST INCLUDE SUFFIX)	IIIVC.
	(PROPOS	ED CORPORATE NAME – M	UST INCLUDE SUFFIX	

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

\$70.00

\$78.75

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& Certified Copy

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FROM: _	AOUIS THOMPSON Name (Printed or typed)
	2051 BENAISSANCE BIVD
_	MIBAMAR FL. 33025
	917-771-3657
	Daytime Telephone number AMAN I PROPERTIES - F-L & GMA CON E-mail address: (to be used for future annual report notification)

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

COVER LETTER

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Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ACUIS THOMPSON
Name (Printed or typed)

2051 BENALSSANCE BLUD
Address

MIBAMAR FL. 33025

City, State & Zip

917-771-3657

Daytime Telephone number

AMANI - PROPERTIES - FL @ GMAIL-CON

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

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:
Address: ADT-304 NIBANA F	Bho 1.33025 Eg 5
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: AOUIS THOMPSON Address: 2051 PENAISSANCE APT. 304 MIRKMAF	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot days after the filing.)	(OPTIONAL) t be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
Required Signature/Registered Agent	6-20-15 Date
I submit this document and affirm that the facts stated herein are a document to the Department of State constitutes a third degree felong	
Required Signature Indon Perator	6-20-15 Date

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

RTICLE I NAM he name of the corpo	ration shall be:				•	E
RTICLE II PRII	Principal <u>street</u> address		/ Mailin	g address, if diff	ferent is:	
2051 P MIBAMER	ENAISSANCE Fl. 330	BluD.	P.O. 7 MIAMI	BOX E	54020 33161	- 13 +
RTICLE III PUR he purpose for which	POSE I the corporation is organized.	ed is:	1116 E	· MAN	NGINE	<u>,</u>
	······································					

ne number of shares			- aT			
RTICLE V INIT	of stock is:	PSON PAFSIDA	eIJT me and Title:			
ne number of shares	of stock is:	Dry Parall		1 (7)	5	
RTICLE V INIT	of stock is:	PSON PAFSIDA		是 (n)	15 JUN 22	
ne number of shares RTICLE V INIT Name and Ti Address	of stock is:	PSON PIFS DA VSSHUGE BAD AD 33025	dress:	SECSETARY OF	15 JUN 26 AM	
ne number of shares RTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR THOM 2051 PENH MIPANAR F ATT. 304	PSON PIFS DA VSSHUGE BAD AD 33025	dress:	SECRETARY OF	15 JUN 26	
RTICLE V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR THOM 2051 PENH MIPANAR F ATT. 304	PSON PIFS (Na 155HUGE 740, Ad 33025 L Na Ad	dress: me and Title: dress:	SECSETARY OF STA	15 JUN 26 AN 9: 26	
Name and Ti Address Name and Tit Address	TAL OFFICERS AND/OR THOM AUGUS THOM AUGUS THOM MIPANATA FL APT 304	PSON PIFS Na VSSHUGE BAD Ad 33005 L Na Ad	dress:	ALLAMASSEE, FLUXUS.	15 JUN 26 AN 9: 26	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT a	eceptable) of the registered agent is:
Name: 10015 170MFSON	
	MUCE BAD
A77.304 NIBH	MB.EJ. 33025
, , , , , , , , , , , , , , , , , , , ,	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: 20015 THOMF	ZOIN
	SANCE BLOD.
A <u>-</u>	
TP1. 304 MIP	REMAR FJ.
ABTICLE VIII - EEPECTIVE DATE	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specific days after the filing.)	and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	e applicable statutory filing requirements, this date will not be listed as e's records.
Having been named as registered agent to accept servic this certificate. I am familiar with and accept the appoin	e of process for the above stated corporation at the place designated in tment as registered agent and agree to act in this capacity
and decept the appoint	
Required Signature/Registered	6-20-15 Pote
, , ,	
i submit this document and affirm that the facts stated document to the Department of State constitutes a third i	herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
· M	6-20-15
Required Signature Andorporator	Date

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:	PROPERTY	MANAGEMEN
ARTICLE II PRINCIPAL OFFICE ADT. 204 Principal street address	/	g address, if different is:
2051 BENAISSANCE BI MIBAMER FJ. 33025	P.O. 7	BOX 640292 FL 33164
ARTICLE III PURPOSE The purpose for which the corporation is organized is: BENTAL S HOMES	OWNING &	MANAGING
		111111111111111111111111111111111111111
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR		· · ·
Name and Title: ACO15 THOMPSON	PIFS DEU Name and Title:	A C
Address 205 DEUA 1554	ICE Plot Address:	2 Z
MIDANAIT FL 33		
Name and Title: KETNAYA THOM	PSd_ Name and Title:	
Address 2051 BEVAISEN	CE BUPAddress:	
APT-304		
Name and Title:	Name and Title:	
Address	Address:	
 		