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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
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Fax Number : (305) 633-9696

****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
ASTURIAS PROPERTY INVESTMENTS, INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 20 AM 8:29

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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: ASTORIA'S PROPERTY INVESTMENTS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RAMIRO A. ARECES
Name (Printed or typed)
419 Sevilla Avenue
Address
Coral Gables FL, 33134
City, State & Zip
305 303 5706
Daytime Telephone number
areces37@gmail.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: ASTURIAS Property Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

419 Sevilla Ave
Coral Gables, 33134
FL.

419 Sevilla Ave
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Purchase, Sell and Manage Real-estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ramiro A. Areces

Name and Title: _____

Address 419 Sevilla Ave.

Address: _____

C.G., FLA. 33134

President / Secretary

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ramiro A. Areces
Address: 419 Sevilla Avenue
C.G., FL, 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ramiro A. Areces
Address: 419 Sevilla Avenue
Coral Gables FL, 33134

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/15/15 (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

Ramiro A. Areces
Required Signature/Registered Agent

7/20/15
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.

Ramiro A. Areces
Required Signature/Incorporator

7/20/15
Date

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