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Florida Department of State
Division of Corporations
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(((H15000203593 3)))



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

From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PROPERTY INVESTMENT DB APARTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 24 AM 9:26

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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: Property Investment DB Apartments 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: Albert R. Cohen, CPA
Name (Printed or typed)

11420 N. Kendall Dr. Suite 203
Address

Miami, FL 33176
City, State & Zip

305-271-3666 ext 205
Daytime Telephone number

90th-4 fadd@aol.com
E-mail address: (to be used for future annual report notification)

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

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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: Property Investment DB Apartments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3111 N. Ocean Dr. Apt 1109
Hollywood, FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Apartment Rental

ARTICLE IV SHARES

The number of shares of stock is: 1,000 \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martha Cayula, President Name and Title: _____

Address: 3111 N. Ocean Dr. Address: _____

Apt. 1109
Hollywood, FL 33019

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: Martha Boyette
Address: 3111 N. Ocean Dr. Apt. 1109
Hollywood, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert R. Cohen
Address: 11120 N. Kewkill Dr. Suite 203
Miami, FL 33176

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

Martha Boyette
Required Signature/Registered Agent

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.

Albert R. Cohen
Required Signature/Incorporator

FILED
JUL 21 2015
CLERK
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DEPT
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9:27

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