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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Madeleyne R. Tornel, P.A.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$78.75

SEP 3 2015

S. GILBERT

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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: Madeleyne R. Tornel, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
2801 NE 183rd Street, Unit 215	2801 NE 183rd Street, Unit 215
Aventura, Florida 33160	Aventura, Florida 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Broker Real Estate Transaction

ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Madeleyne R. Tornel President	Name and Title:
Address 2801 NE 183rd Street, Unit 215	Address:
Aventura, Florida 33160	
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: Luis G. Brito

Address: 407 Lincoln Road, Suite 9A

Miami Beech, Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Madeleyne R. Tomel

Address: 2801 NE 183rd Street, Unit 215

Aventura, Florida 33160

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 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

_____ 9/2/2015

Required Signature/Registered Agent 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.

_____ 9/2/2015

Required Signature/Incorporator Date