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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FOLME	CR INC			
SCD02C1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 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 CO	PY REQUIRED	
	ICIA BENITEZ CPA LLC Nam	e (Printed or typed)		
118	77 SW 38 TERRACE			
	Address			
MIA	AMI, FL 33175			
	City	State & Zip		
305	-608-4770			
	Daytime 1	elephone number		
ALI	CPA@BELLSOUTH.NET			
	E-mail address: (to be use	d 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)

	, ,
AMI, FL 33175 FICLE III PURPOSE purpose for which the corporation is organized is: RENTAL PROPERTY PURPOSE purpose for which the corporation is organized is: RENTAL PROPERTY PURPOSE purpose for which the corporation is organized is: RENTAL PROPERTY PURPOSE purpose for which the corporation is organized is: RENTAL PROPERTY	NHESSEE, FLOR
FICLE III PURPOSE purpose for which the corporation is organized is: CT CT CT CT CT CT CT CT CT C	NHESSEE, FLOR
purpose for which the corporation is organized is: Compared to the corporation is organized is: Compared to the corporation is Compared to the corporation is Compared to the corporation is Compared to the corporation Compared to the	NHESSEE, FLOR
TICLE IV SHARES number of shares of stock is:	جَ ج
TICLE IV SHARES 100 number of shares of stock is:	جَ ج
TICLE IV SHARES number of shares of stock is:	
number of shares of stock is:	
number of shares of stock is:	
number of shares of stock is:	
Name and Title: PRESIDENT 11877 SW 38 TERRACE	
Address: Address:	
MIAMI, FL 33175	
Name and Title: Name and Title:	
Address:Address:	
Name and Title: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	ALICIA BENITEZ CPA LLC	_
Address:	11877 SW 38 TERRACE	
	MIAMI, FL 33175	- -
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	ALICIA BENITEZ	_
Address:	11877 SW 38 TERRACE	_
	MIAMI, FL 33175	-
Effective date, i (If an effective days after the i Note: If the dat	filling.) te inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's records.	
Having been na this certificate, i	imed as registered agent to accept service of proces. I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	///////////////////////////////////////	10/16/2015
	Required Signature/Registered/Agent	Date
I submit this do	ocument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
aocument to the	Department of State constitutes a input degree Jean	10/16/2015
Requ	uired Signature Incorporator	Date

...,