10/27/2015

P15000088194

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
JULIDAYS OSORIO PA

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu Corporate Filing Menu Help

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: JULIDAYS OSORIO PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 NE 36 STREET SUITE 1023
MIAMI, FL 33137

Mailing address, if different is:
600 NE 36 STREET SUITE 1023
MIAMI, FL 33137

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: REAL STATE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIDAYS OSORIO, PRESIDENT
Address: 600 NE 36 STREET SUITE 1023
MIAMI, FL 33137

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: JULIDAYS OSORIO

Address: 600 NE 36 STREET SUITE 1023

MIAMI, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JULIDAYS OSORIO

Address: 600 NE 36 STREET SUITE 1023

MIAMI, FL 33137

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/23/2015 (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

_____ 10/23/2015

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.

_____ 10/23/2015

Required Signature/Incorporator Date