

From:

01/22/2016 09:02

#115 P.001/004

# P16000006230

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000016486 3)))



H160000164863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED  
16 JAN 22 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*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  
SHORT TERM STAYS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

01/22/2016 09:02

M. Guffigan    JAN 25 2016

From:

01/22/2016 08:32

#115 P.002/004

850-617-6381

1/21/2016 3:11:26 PM PAGE 1/001 Fax Server



January 21, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: SHORT TERM STAYS INC.

REF: W16000004242

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H16000016486  
Letter Number: 316A00001392

P.O BOX 6327 -- Tallahassee, Florida 32314

From:

01/22/2016 08:32 #115 P.003/004

FILED

16 JAN 22 PM 12: 15

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME The name of the corporation shall be: Short Term Stays Inc.

ARTICLE II PRINCIPAL OFFICE Principal street address 3622 SW 93rd Ave Miramar FL. 33025

Mailing address, if different is: 3622 SW 93rd Ave Miramar FL. 33025

ARTICLE III PURPOSE The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES 1,000 The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alejandro Neckles/Director Name and Title: Address: 2480 Eglinton Ave W Apt 401 Address: Toronto, Ontario Address: M6M 5G9 Address:

Name and Title: Name and Title: Address: Address:

Name and Title: Name and Title: Address: Address:

From:

01/22/2016 08:32

#115 P.004/004

(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: The Corporation Company  
 Address: 3622 SW 93rd Ave  
Miramar FL. 33025

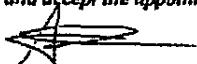
FILED  
 16 JAN 22 PM 12:15  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Alejandro Neckles  
 Address: 2480 Eglinton Ave W Apt 401  
Toronto, Ontario M6M 5G9

*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*

 _____ Required Signature/Registered Agent	_____ 20/01/2016 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.*

 _____ Required Signature/Incorporator	_____ 20/01/2016 Date
---	-----------------------------