

PI60000016216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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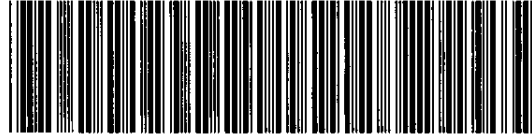
(Business Entity Name)

(Document Number)

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W/b-2502

MD 2/22

## COVER LETTER

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

**SUBJECT:** Cloud Arcs Real Estate, LLC

(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:** Carlos A Lopez

Name (Printed or typed)

8200 Sw 210th Street Unit # 113

Address

Miami, Florida 33189

City, State & Zip

305-282-8978

Daytime Telephone number

calopez87@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2016

CARLOS A. LOPEZ  
8200 S.W. 210TH STREET, UNIT #113  
MIAMI, FL 33189

SUBJECT: CLOUD ARCS REAL ESTATE, LLC  
Ref. Number: W16000002502

We have received your document for CLOUD ARCS REAL ESTATE, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00000937

## COVER LETTER

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

**SUBJECT:** Cloud Arcs Real Estate, Inc.

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Filing Fee

☒ \$78.75  
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& Certificate of Status

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Filing Fee  
& Certified Copy

☐ \$87.50  
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Certified Copy  
& Certificate of  
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E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: Cloud Arcs Real Estate, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8200 SW 210th Street

Unit #113

Miami, Florida 33189

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To achieve the goal of purchasing and renting properties all over the USA.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 (one thousand)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carlos A. Lopez, President

Name and Title: \_\_\_\_\_

Address 8200 SW 210th Street

Address: \_\_\_\_\_

Unit #113

Miami, Florida 33189

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Carlos A. Lopez  
Address: 8200 SW 210th Street Unit #113  
Miami, Florida 33189

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos A. Lopez  
Address: 8200 SW 210th Street Unit #113  
Miami, Florida 33189

*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

12/29/15  
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

12/29/15  
Date