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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR -3 PM 3:12

**COVER LETTER**

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

FLAGLER GUEST HOUSE INC.

**SUBJECT:** \_\_\_\_\_  
**(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 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: \_\_\_\_\_  
 FLAGLER GUEST HOUSE INC.  
 Name (Printed or typed)

130 SW 53RD CT  
 \_\_\_\_\_  
 Address

CORAL GABLES, FL 33134  
 \_\_\_\_\_  
 City, State & Zip

305-495-9168  
 \_\_\_\_\_  
 Daytime Telephone number

flaglerguesthouse@gmail.com  
 \_\_\_\_\_  
 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**

FLAGLER GUEST HOUSE INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

130 SW 53RD CT

CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

BED AND BREAKFAST LONG TERM STAY

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ERNESTO ABRAHAM DOMINGUEZ

Name and Title: JOSE ANTONIO MOYA PEREZ

Address: PRESIDENT

Address: VICE-PRESIDENT

130 SW 53RD CT

130 SW 53RD CT

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

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: ERNESTO ABRAHAM DOMINGUEZ  
Address: 130 SW 53RD CT  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARIA E GONZALEZ  
Address: 1331 SW 32 AVE APT 5  
MIAMI, FL 33145


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/25/2016. (OPTIONAL)

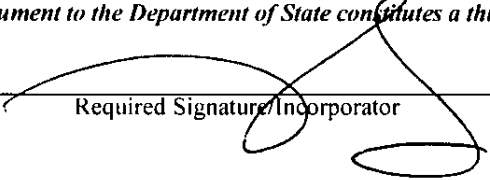
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**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*

 \_\_\_\_\_ 02/25/2016  
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.*

 \_\_\_\_\_ 02/25/2016  
Required Signature/Incorporator Date