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MAR 10 2016

T. SCOTT



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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
ADDITIONAL COPY REQUIRED	

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)

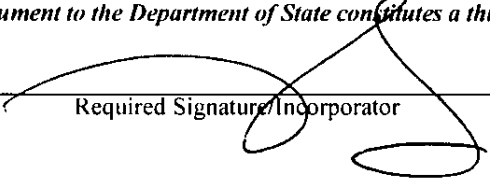
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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