

P16000031372

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR - 8 PM 12:58

FILED

03/01/16--01003--009 **78.75

W/6-17721

WMD 4/8

COVER LETTER

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

SUBJECT: CLASSIQUE Realty & INV. INC.
(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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MONIQUE CASSEUS

Name (Printed or typed)

P.O. BOX 245331

Address

PEMBROKE PINES, FL 33024

City, State & Zip

754-779-4721

Daytime Telephone number

CASSEMONIQ@AOL.COM

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

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

FEBRAURY 22, 2016

MONIQUE CASSEUS

845 NW 206 STREET

MIAMI GARDENS, FL 33169

**I MONIQUE CASSEUS THE OWNER OF CLASSIQUE
REALITY AND INV. INC NO LONGER WISH TO
REINSTEAD THE P07000109506. I WOUL LIKE TO
KEEP THE NAME AND FILE A NEW FILLING.**

MONIQUE CASSEUS

A handwritten signature in black ink, appearing to read 'Monique Casseus', written over the printed name.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2016

MONIQUE CASSEUS
845 NW 206TH STREET
MIAMI GARDENS, FL 33169

SUBJECT: CLASSIQUE REALITY AND INV. INC
Ref. Number: W16000017721

We have received your document for CLASSIQUE REALITY AND INV. INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word REALITY in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled REALITY. If you did not misspell this word intentionally, please correct the spelling to read REALTY and resubmit the document for processing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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: 816A00004884



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2016

MONIQUE CASSEUS
845 NW 206TH STREET
MIAMI GARDENS, FL 33169

SUBJECT: CLASSIQUE REALITY AND INV. INC
Ref. Number: W16000017721

We have received your document for CLASSIQUE REALITY AND INV. INC 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 failed to make the correction(s) requested in our previous letter.

It appears that the word REALITY in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled REALITY. If you did not misspell this word intentionally, please correct the spelling to read REALTY and resubmit the document for processing.

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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: 816A00004884

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: CLASSIQUE REALITY AND INV. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
845 NW 206 STREET
Miami Gardens FL
33169

Mailing address, if different is:
845 NW 206 STREET MIAMI GARDENS, FL 3
845 NW 206 STREET MIAMI GARDENS, FL 3

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES OF REAL ESTATE AND INVESTMENTS

FILED
16 APR - 8 PM 12:58
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MONIQUE CASSEUS Name and Title: _____

Address: 845 NW 206ST Address: _____
MIAMI GARDENS FL 33169

Name and Title: PREDENCIA SAJOUS-MANAGER Name and Title: _____

Address: 845 NW 206 ST Address: _____
MIAMI GARDENS FL 33169

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: MONIQUE CASSEUS
Address: 845 NW 206 ST
MIAMI GARDENS , FL 33169

FILED
16 APR - 8 PM 12:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MONIQUE CASSEUS
Address: 845 NW 206 ST
MIAMI GARDENS FL 33169

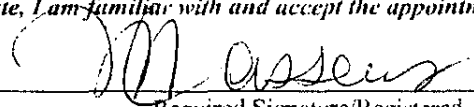
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/22/2016. (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


Required Signature/Registered Agent

2/22/16
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

2/22/16
Date