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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JUL 28 AM 11:46



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2016

ESMERALDA D. CRUZ  
6708 NW 188 TERR  
HIALEAH, FL 33015

SUBJECT: MIAMI SKYLINE REALTY, LLC.  
Ref. Number: W16000054615

We have received your document for MIAMI SKYLINE REALTY, LLC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 116A00016611

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FALLS CHURCH, VIRGINIA

**COVER LETTER**

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

**SUBJECT:** MIAMI SKYLINE REALTY, 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  
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:** ESMERALDA D. CRUZ  
Name (Printed or typed)

6708 NW 188 TERR  
Address

HIALEAH, FL 33015  
City, State & Zip

786-400-5925  
Daytime Telephone number

ECRUZ0326@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**

The name of the corporation shall be: MIAMI SKYLINE REALTY, LLC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6708 NW 188 TERR

HIALEAH, FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE SERVICES

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ESMERALDA D. CRUZ/ CEO

Name and Title: KASSIA CASTILLO/ TREASURER

Address: 6708 NW 188 TERR

Address: 6708 NW 188 TERR

HIALEAH, FL 33015

HIALEAH, FL 33015

Name and Title: EMY CASTILLO/ SECRETARY

Name and Title: IVAN CASTILLO/ SECRETARY

Address: 6708 NW 188 TERR

Address: 6708 NW 188 TERR

HIALEAH, FL 33015

HIALEAH, FL 33015

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: ESMERALDA D. CRUZ  
 Address: 6708 NW 188 TERR  
HIALEAH, FL 33015

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: ESMERALDA D. CRUZ  
 Address: 6708 NW 188 TERR  
HIALEAH, FL 33015

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

*Esmeralda Cruz* \_\_\_\_\_ 8/26/2016 \_\_\_\_\_  
 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.*

*Esmeralda Cruz* \_\_\_\_\_ 8/26/2016 \_\_\_\_\_  
 Required Signature/Incorporator Date