

P16000071891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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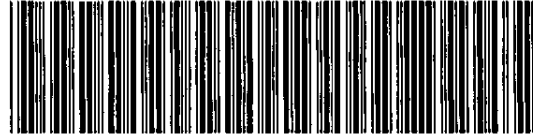
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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



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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TALLAHASSEE, FLORIDA

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 ☐ \$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: 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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TALLAHASSEE, FLORIDA

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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TALLAHASSEE, FLORIDA

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