## P16000085775

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Special Instructions to	o Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: No Li	mit Management Services Inc.		
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		•	
Enclosed are an or	riginal and one (1) copy of the arti-	cles of incorporation and	d a check for:
\$70.00	<b>\$78.75</b>	<b>■</b> \$78.75	\$87.50
Filing Fee		Filing Fee	Filing Fee,
Ŭ	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status
	page 10 of the original	ADDITIONAL CO	N I REQUIRED
•			
FROM:	Andrea Escobar		
	Name	(Printed or typed)	
3	184 Royal Palm Ave		
_	A	ddress	
M	1iami Beach, FL 33140	•	
	City,	State & Zip	
3	05-917-5988		
_	Daytime To	elephone number	
no	olimitmanagementservices@gmail.com		
_	E-mail address: (to be used	for future annual report	notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2016

ADREA ESCOBAR 3184 ROYAL PALM AVE MIAMI BEACH, FL 33140

SUBJECT: NO LIMIT MANAGEMENT SERVICES INC.

Ref. Number: W16000068068

We have received your document for NO LIMIT MANAGEMENT SERVICES 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):

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.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 516A00021302

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRII	NCIPAL OFFICE Principal street address		Mailing address, if different is:  PO BOX 402162			
184 Royal Palm Av	e	PO BOX				
1iami Beach, FL 33	iami Beach, FL 33140		Miami Beach, FL 33140			
RTICLE III PUR he purpose for whic	PPOSE the corporation is organized is:					
he Purpose Of this	corporation is to Manage Real Property					
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				E CAR	6 OC T	1
				ASSE O	25 AM	-
	<del></del>			7		,
RTICLE IV SHA				CORID.	8: 24	ì
the number of shares	of stock is: 1, US  FIAL OFFICERS AND/OR DIRECTO  Andrea Escapar Director		Sara Gonzalez D		2	**
the number of shares  **RTICLE V INIT  Name and T	of stock is: 1, US  FIAL OFFICERS AND/OR DIRECTO  Andrea Escapar Director	Name and Title	e: Sara Gonzalez E 218 SE 14th St #.	Director	2	
the number of shares	of stock is: 1, WO  TIAL OFFICERS AND/OR DIRECTO  Title: Andrea Escobar Director		e:	Director	2	ř
the number of shares  **RTICLE V INIT  Name and T	TIAL OFFICERS AND/OR DIRECTO  itle:  Andrea Escobar Director  3184 Royal Palm Ave	Name and Title Address:	218 SE 14th St #.  Miami, FL 33131	Director	2	
the number of shares  **RTICLE V INT  Name and T  Address  Name and Ti	TIAL OFFICERS AND/OR DIRECTO  Title:  Andrea Escobar Director  3184 Royal Palm Ave  Miami Beach, FL 33140	Name and Title Address:  Name and Title	218 SE 14th St #.  Miami, FL 33131	Director	2	-
the number of shares  **RTICLE V INT  Name and T  Address	TIAL OFFICERS AND/OR DIRECTO  Title:  Andrea Escobar Director  3184 Royal Palm Ave  Miami Beach, FL 33140	Name and Title Address:  Name and Title	218 SE 14th St #.  Miami, FL 33131	Director	2	-
the number of shares  **RTICLE V INT  Name and T  Address  Name and Ti	TIAL OFFICERS AND/OR DIRECTO  Title:  Andrea Escobar Director  3184 Royal Palm Ave  Miami Beach, FL 33140	Name and Title Address:  Name and Title	218 SE 14th St #.  Miami, FL 33131	Director	2	
he number of shares  **RTICLE V INT  Name and T  Address  Name and Ti  Address	TIAL OFFICERS AND/OR DIRECTO  Title:  Andrea Escobar Director  3184 Royal Palm Ave  Miami Beach, FL 33140	Name and Title Address:  Name and Title Address:  Address:	218 SE 14th St #.  Miami, FL 33131  c:	Director 2305	24	

Name an	d Title:	Name and Title:	· · · ·
Address		Address:	
	<i>REGISTERED AGENT</i> lorida street address (P.O. Box <b>NOT</b> acce	eptable) of the registered agent is:	·
Name:	Andrea Escobar	. ,	
Address:	3184 Royal Palm Ave		
	Miami Beach, FL		De A
<u>ARTICLE VII</u>	INCORPORATOR		OCT 2
The name and a	ddress of the Incorporator is:		Sign of the sign o
Name:	Andrea Escobar		AM 8:
Address:	3184 Royal Palm Ave		AM 8: 24 OF STATE
ARTICLE VIII	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL	<b>`</b>
(If an effective of days after the fi	date is listed, the date must be specific a	nd cannot be more than five busine	ess days prior or 90 business
	e inserted in this block does not meet the a effective date on the Department of State's		s, this date will not be listed as
Having been nat	med as registered agent to accept service am familiar with and accept the appointm	ent as registered agent and agree to d	ration at the place designated in act in this capacity
I suhmit this do	Required Signature/Registered A		Date
document to the	Dendriment of State constitutes a third de	gree felony as provided for in s.817.1	55, F.S.  7/20/16  Date

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