

P/7000018109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

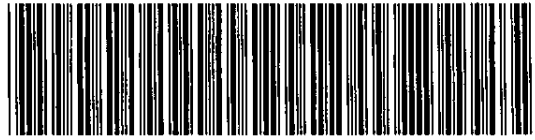
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature and date: 02/28/17

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

ARTICLE I NAME Atlantic Residential Solutions Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
15731 SW 304 St	_____
_____	_____
Homestead, FL 33033	_____
_____	_____

ARTICLE III PURPOSE Real estate management
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: Flavio Guzman Director	Name and Title: _____
Address: 15731 SW 304 St	Address: _____
Homestead, FL 33033	_____
_____	_____
_____	_____
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: Flavio Guzman
 Address: 15731 SW 304 St
Homestead, FL 33033

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ARTICLE VII INCORPORATOR

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

Name: Flavio Guzman
 Address: 15731 SW 304 St
Homestead, FL 33033

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

Flavio J. Guzman _____ 02/13/2017 _____
 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.

Flavio J. Guzman _____ 02/13/2017 _____
 Required Signature/Incorporator Date