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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

COURTYARDS INVESTMENT HOLDING Corp

Certificate of Status	0
Certified Copy	1
Page Count	03
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N. SAMS

SEP 18 2017

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME COURT YARDS INVESTMENT HOLDING CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4302 SW 186TH AVE
MIRAMAR, FL 33029

Mailing address, if different is:
5931 NW 173 DR STE 9
MIAMI, FL 33015

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

17 SEP 15 PM 4:11
FILED
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIANA GONCALVES (MGR)
Address: 4302 SW 186 TH AVE
MIRAMAR, FL 33029

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: LUIS F ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS F ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, 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 days prior or 90 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

09/14/2017

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

09/14/2017

Date

FILED
17 SEP 15 PM 4:11
TALLAHASSEE, FLORIDA

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