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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 05 2017

K. Brumbley

COVER LETTER

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

SUBJECT: Oceanfront Hospitality Management, Inc.
(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: Martina Lucy Suarez
Name (Printed or typed)

5445 Collins Av apt 618
Address

Miami Beach FL 33140
City, State & Zip

786-226-3678
Daytime Telephone number

Oceanfronthospitalitym@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: Oceanfront Hospitality Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5445 Collins Avenue #618
Miami Beach, Florida 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to manage for profit real estate
properties including hotel rooms, apartments and
residential homes. This corporation will have an
"S" corporation tax status.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martha Lucy Suarez (D) Name and Title: _____
Address: 5445 Collins Ave Address: _____
Suite #618
Miami Beach, FL 33140

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Martha Lucy Suarez
Address: 5445 Collins Avenue Suite # 618
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

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

Name: Martha Lucy Suarez
Address: 5445 Collins Avenue Suite #618
Miami Beach, FL 33140

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2018 (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

Martha Lucy Suarez 11/27/2017
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.

Martha Lucy Suarez 11/27/2017
Required Signature/Incorporator Date