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SECRETARY OF STATE
TALLAHASSEE, FL 32399

D O'KEEFE

MAR 30 2018

COVER LETTER

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

Sarabird Corporation
SUBJECT: _____

(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

Roberta Esquenazi
FROM: _____
Name (Printed or typed)

2200 NE 204th Street

Address

Miami, Florida 33180

City, State & Zip

305.332.4440

Daytime Telephone number

robertarealty@aol.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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

Sarabird Corporation

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2200 NE 204th Street

SAME

Miami, FL 33180

ARTICLE III PURPOSE

Investment in Real Estate Management Company

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberta G. Esquenazi, Director

Name and Title: Sara Smith, Director

Address: 2200 NE 204th Street

Address: 3610 Yacht Club Drive, Unit 1212

Miami, FL 33180

Aventura, FL 33180

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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: Roberta G. Esquenazi
Address: 2200 NE 204th Street
Miami, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roberta G. Esquenazi
Address: 2200 NE 204th Street
Miami, FL 33180

ARTICLE VIII EFFECTIVE DATE: 4/1/18

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

Roberta Esquenazi
Required Signature/Registered Agent

3/22/18
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.

Roberta Esquenazi
Required Signature/Incorporator

3/22/18
Date

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SECRETARY OF STATE

