4/6/2018

Division of Corporations

lorida Department of State (

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001099963)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

FLORIDA PROFIT/NON PROFIT CORPORATION INVEST HOTEL CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 0 9 2018

ARTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address 1001 BRICKELL BAY DRIVE SUITE 2406		1001 BF	Mailing address, if different is: 1001 BRICKELL BAY DRIVE SUITE 2406		
		·			
MIAMI, FL 33131		MIAMI	MIAMI, FL 33 131		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	MENT			
				7 4 7	2018
				* F	25
				A SECTION AND A	-8
ARTICLE IV SHAR	ES 1,000 Stock is:			LE SYA	ÅM 9:
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS C. NACIFE B. BOMENY / DP	No	MARILIA B. BOMEN	DA TE	39
	INAL DRICKELL BANDOUG	Name and Title	1001 BRICKELL BAY	DRIVE	
Address	SUITE 2406	/\u01css.	SUITE 2406		
	MIAMI, FL 33131		MIAMI, FL 33131	·	
Name and Title	:	Name and Title	:		
Address					
Name and Title		Name and Title:			

Name a	ınd Title:	Name and Title:	
Addre	35.	Address:	
	·	<u> </u>	
		· —	
ARTIČLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	NRAI SERVICES, INC	· 	
Address:	1200 SOUTH PINE ISLAND ROAD.	_	
	PLANTATION, PL 33324	_	
ADTICLE 1/J	INCORPORATOR	_	
<u> </u>			
The name and r	address of the Incorporator is:		
Name:	LEONARDO ANDRADE	_	
Address:	1001 BRICKEUL BAY DRIVE #2406	_	
	MIAMI, FL 33131	_ .	
	EFFECTIVE DATE:		
Effective date, i (If an effective filing.)	f other than the date of filing: date is listed, the date must be specific and cann	. (OPTIONAL of be more than five days [.) prior or 90 days after the
Note: If the dat	te inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirement	s, this dute will not be listed as
Having been no this certificate.	omed as registered gain to accept service of process am familiar with and accept the appointment as re Peter F. Sou	s for the above stated corporal edistered agent and agree to a	act in this copacity ,
~	Assistant Secre	 etarv	4/6/2018
	Required Signature/Registered Agent:		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am uware that the j ny as provided for in s.817.1	fulse information submitted in a 55, F.S.
			04/06/2018
Dan	ired Signature/Incorporator		Date