

4/26/2018

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: gygj77@gmail.com

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
801 SOUTH MIAMI AVE SU NO. 3705 CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2018 APR 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 27 2018

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

ARTICLE I NAME 801 SOUTH MIAMI AVE SL NO. 3705 CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address Mailing address, if different is:
20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
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: ARIEL L. OLIO, PRESIDENT
Address: 20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

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

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(cont.)

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: MARK GERSTLE
Address: 2630 NE 203 STREET, SUITE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARIEL L. OLIO
Address: 20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

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

4/25/18
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.

Required Signature/Incorporator

4/25/18
Date

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