

88500099788  
P18

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON  
DEC 11 2018



300321810983

RECEIVED  
2018 DEC 10 12:10:06  
TALLAHASSEE, FLORIDA

FILED  
18 DEC 10 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 12/10/18**

**NAME: KAPPA LEONIS CORP**

**TYPE OF FILING: ARTICLES**

**COST: 78.75**

**RETURN: CERTIFIED COPY PLEASE**

**FILED**  
**18 DEC 10 AM 9:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32301**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---

## 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: KAPPA LEONIS CORP.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8000 Brickell Ave., Suite 1410

Miami, FL 33131

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate investments.

FILED  
18 DEC 10 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VANISE DALLA VECCHIA, President

Name and Title: \_\_\_\_\_

Address Rua Centauro 520

Address: \_\_\_\_\_

Condominio Fechado Village HAR

13329 - 150 Salto SP

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Catherine Botticelli  
Address: 101 Main St., Suite One  
Tappan, NY 10983

FILED  
18 DEC 10 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

12/7/18  
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

12/7/18  
Date