

12/13/2018

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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.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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
4811 MIAMI PENTHOUSE CORP.

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$70.00).

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

**ARTICLE I NAME** 4811 MIAMI PENTHOUSE CORP.  
The name of the corporation shall be: \_\_\_\_\_

<b>ARTICLE II PRINCIPAL OFFICE</b>	Principal <u>street</u> address	Mailing address, if different is:
_____	_____	_____
1001 BRICKELL BAY DRIVE #2406		1001 BRICKELL BAY DRIVE # 2406
_____		_____
MIAMI, FL 33131		MIAMI, FL 33131
_____		_____

**ARTICLE III PURPOSE** REAL ESTATE INVESTMENT  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GIVANILDO VIEIRA DE SOUSA / P	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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

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

18 DEC 14 PM 7:03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: LEONARDO ANDRADE  
 Address: 1001 BRICKELL BAY DRIVE # 2406  
MIAMI, FL 33131

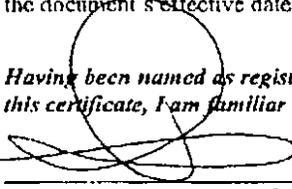
**ARTICLE VIII EFFECTIVE DATE:**

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.)

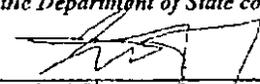
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
**Peter F. Souza**  
**Assistant Secretary**  
 \_\_\_\_\_  
 Required Signature/Registered Agent

12/13/18  
 \_\_\_\_\_  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

12/13/2018  
 \_\_\_\_\_  
 Date

DIVISION OF CORPORATIONS  
 SECRETARY OF STATE  
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