

P19000079789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

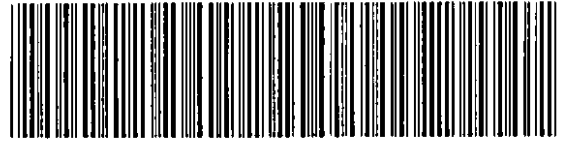
(Business Entity Name)

(Document Number)

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19 OCT 24 2:14:12

2019 OCT 24 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 25 2019

K Brumbley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 10/24 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** ARTICLES \_\_\_\_\_

1. 305 REALTY CORP  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** 305 REALTY CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6799 COLLINS AVE \_\_\_\_\_

SUITE 808 \_\_\_\_\_

MIAMI, FL 33141 \_\_\_\_\_

**ARTICLE III PURPOSE**

ANY LAWFUL PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 200

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ISACCO ROSSO - P \_\_\_\_\_

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

Address 6799 COLLINS AVE \_\_\_\_\_

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

SUITE 808 \_\_\_\_\_

MIAMI, FL 33141 \_\_\_\_\_

Name and Title: ELIZABETH ROSSO - VP \_\_\_\_\_

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

Address 6799 COLLINS AVE \_\_\_\_\_

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

SUITE 808 \_\_\_\_\_

MIAMI, FL 33141 \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: ISACCO ROSSO  
 Address: 6799 COLLINS AVE, SUITE 808  
 MIAMI, FL 33141

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ISACCO ROSSO  
 Address: 6799 COLLINS AVE, SUITE 808  
 MIAMI, FL 33141

**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 10/23/2019  
 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 10/23/2019  
 Date