

P19000093587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

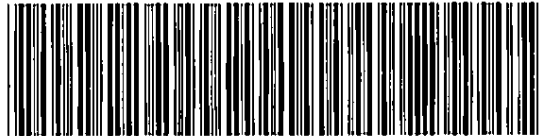
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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DEC 18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 103505 7634212

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : December 16, 2019

ORDER TIME : 9:51 AM

ORDER NO. : 103505-040

CUSTOMER NO: 7634212

DOMESTIC FILING

NAME: VILLA ESEDRA HOLDINGS INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KADESHA ROBERSON EXT 62980

EXAMINER'S INITIALS: \_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be:

VILLA ESEDRA HOLDINGS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 SW 13th Street Suite 802

40 SW 13th Street Suite 802

Miami, FL, 33130

Miami, FL, 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelangelo Falino - D/P

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

Address 40 SW 13th Street Suite 802

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

Miami, FL 33130

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: Dymax International Services Inc.  
 Address: 40 SW 13th Street Suite 802  
Miami, FL, 33130

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelangelo Falino  
 Address: 40 SW 13th Street Suite 802  
Miami, FL 33130

**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*

Michaels del Yipin  
 Required Signature Registered Agent

12/06/2019  
 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.*

x [Signature]  
 Required Signature Incorporator

12/06/2019  
 Date

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