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To:

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

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, LLC
Account Number : 120090000001
Phone : (239) 213-0066
Fax Number : (239) 213-0698

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

Email Address: bridgeteh@advocatetax.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Miami161, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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FILED

2019 DEC 23 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FL

Dec 26, 2019

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Miami161, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Brigette Harms
Name (Printed or typed)

1300 N Westshore Blvd, Ste 220
Address

Tampa, FL 33607

239-213-0066
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 23 PM 12:07

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Miamil61, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

5129 Castello Dr. suite 4

Naples FL 34103

Mailing address, if different is:

5129 Castello Dr. suite 4

Naples FL 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jana Sobotova - President Name and Title: _____

Address 5129 Castello Dr. suite 4 Address: _____

Naples FL 34103

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jana Sobotova
Address: 5129 Castello Dr. suite 4
Naples FL 34103

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Brigette Harms
Address: 1300 N Westshore Blvd, Ste 220
Naples, FL 33607

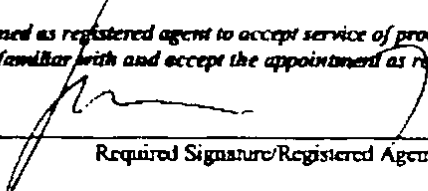
ARTICLE VIII EFFECTIVE DATE:

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.

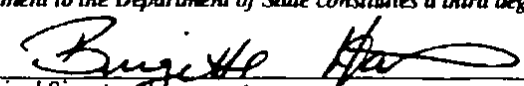
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature/Registered Agent

12-23-2019
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

12-23-2019
Date

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