

Florida Department of State
 Division of Corporations
 Electronic Filing Center Sheet
P200000002376

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.

((H20000011228 3)))



H200000112283AECQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : 120000000146
 Phone : (305)444-4994
 Fax Number : (305)444-4977

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

Email Address: _____

RECEIVED

2020 JAN 10 PM 3:54

DIVISION OF CORPORATIONS
 ELECTRONIC FILING SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
MILES APT ACQUISITIONS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
 TALLAHASSEE, FL

2020 JAN 10 AM 11:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

1/13/20
 JB

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

ARTICLE I NAMEThe name of the corporation shall be: MILES APT ACQUISITIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

830 WEST 53 STREETHIALEAH, FL 33012**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VIDAL MORENO (P)Address: 830 WEST 53 STREETHIALEAH, FL 33012Name and Title: Vidal Moreno

Address: _____

Name and Title: MIRTA R. MORENO (V/P)Address: 830 WEST 53 STREETHIALEAH, FL 33012

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2020 JAN 10 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: VIDAL MORENO
Address: 830 WEST 53 STREET
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: VIDAL MORENO
Address: 830 WEST 53 STREET
HIALEAH, FL 33012

FILED
2020 JAN 10 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL

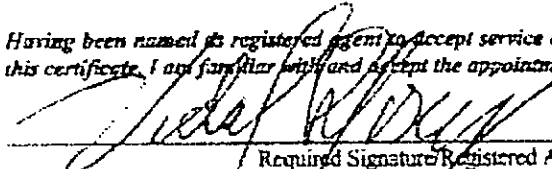
ARTICLE VIII EFFECTIVE DATE:

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

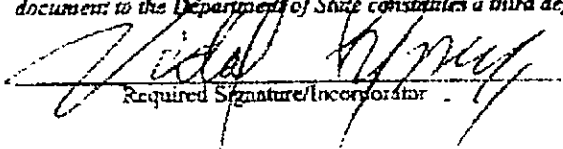


Required Signature/Registered Agent

11/20/2019

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

11/20/2019

Date