

P20000020653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

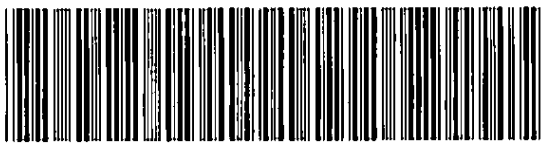
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300341686483

03/06/20--01001--023 **70.00

FILED
2020 MAR -6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20 MAR -6 12:00

3-11-2020
Smiley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. 10081 Costa Del Sol Corp.
(Corporation Name) Document #

2. _____
(Corporation Name) Document #

Walk in Pick up time _____
 Mail out Will wait
 Photocopy Certified Copy

Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other *in Corpora form*

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

_____ APOSTIL _____
COUNTRY

INITIALS: _____

EXAMINER'S

COVER LETTER

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

SUBJECT: 10081 Costa Del Sol Corp.
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Luis E. Fernandez, Esq.
Name (Printed or typed)

2525 Ponce de Leon Blvd., Ste 300
Address

Coral Gables, FL 33134
City, State & Zip

(305) 239 9427
Daytime Telephone number

paralegal@lef-law.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: 10081 Costa Del Sol Blvd Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2525 Ponce de Leon Blvd Ste 300
Coral Gables, FL 33134

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos A. Navarro, P
Address 2525 Ponce de Leon Blvd
Suite 300
Coral Gables, FL 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

FILED
2020 MAR -6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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: Luis E. Fernandez, P.A. _____

Address: 2525 Ponce de Leon Blvd., Suite 300 _____

Coral Gables, FL 33134 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos A. Navarro _____

Address: 10081 Costa Del Sol Blvd A-61 _____

Doral, FL 33178 _____

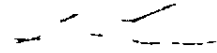
ARTICLE VIII EFFECTIVE DATE:

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

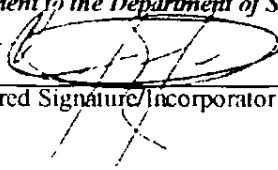


03/05/2020

Required Signature/Registered Agent

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.



03/05/2020

Required Signature/Incorporator

Date