

P20000081383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

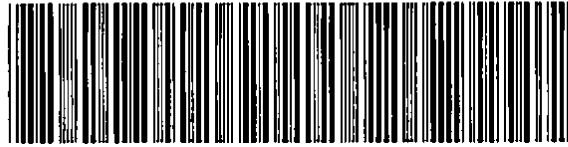
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 20 2020

**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: 10/19/2020

☐ **CERTIFIED COPY** _____
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☒ **FILING** INC. _____

79 W PLAZA DEL SOL, INC.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**IAL
RUCTIONS:**

**ARTICLES OF INCORPORATION
OF
79 W PLAZA DEL SOL, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

ARTICLE I. NAME

The name of this Corporation is **79 W Plaza Del Sol, Inc.** (the "Corporation").

ARTICLE II. PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal office of the Corporation is: 8365 NW 157 Terrace, Miami Lakes, FL 33016.

ARTICLE III. SHARES

The total number of shares of stock the Corporation is authorized to issue is One Hundred (100) shares with a par value of \$1.00 per share.

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is for any and all lawful purposes permitted in the State of Florida and the United States of America.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title SANTOS RAFAEL MUNOZ, President

Address 8365 NW 157 Terrace, Miami Lakes, FL 33016

ARTICLE VI. REGISTERED AGENT

Its registered office in the state of Florida is to be located at 999 Ponce de Leon Blvd., Suite 735, in the City of Coral Gables, County of Miami-Dade Zip Code 33134. The registered agent in charge thereof is Osmundo O. Martinez, Esq.

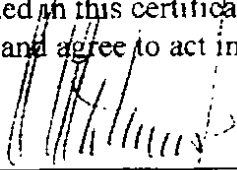
ARTICLE VII. INCORPORATOR

The name and mailing address of [each/the sole] incorporator is as follows:

Name: SANTOS RAFAEL MUNOZ

Mailing Address: 8365 NW 157 Terrace, Miami Lakes, FL 33016

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.

BY:  (Signature of Registered Agent)

NAME: OSMUNDO O. MARTINEZ, ESQ.

DATE: OCTOBER, 2020

(type or print)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY:  (Incorporator)

NAME: SANTOS RAFAEL MUNOZ

DATE: OCTOBER, 2020

(type or print)

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