

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BRAVA BEACH APART CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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DENNIS
FEB 19 2021

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: BRAVA BEACH APART CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4000 TOWERSIDE TER APT 1707
MIAMI, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SILVANA L PLANTONI-P

Name and Title: RAUL A BERMAN-VP

Address AV de los lagos 9100 Barrio Vistas lote 329
Puertos del Lago, Escobar Cp 1625

Address: Av de los Lagos 9100 Barrio Vistas lote 329
Puertos del Lago. Escobar, CP 1625

Name and Title: NANCI PEREZ GUERRERO-SEC

Name and Title: _____

Address 4000 TOWERSIDE TER APT 1707
MIAMI, FL 33138

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: NANCI PEREZ GUERREROAddress: 4000 TOWERSIDE TER APT 1707MIAMI, FL 33138**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NANCI PEREZ GUERREROAddress: 4000 TOWERSIDE TER APT 1707MIAMI, FL 33138**ARTICLE VIII EFFECTIVE DATE:**

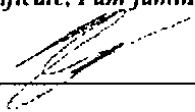
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

X

_____
Required Signature/Registered Agent

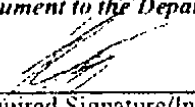
X

02-17-21

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

_____
Required Signature/Incorporator

X 02-17-21

Date