

P21 0000 22798

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000104355 3)))



H210001043553ABCV

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
REINA 3 PROPERTY MANAGEMENT INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

2021 MAR-9 PM 2:53
FILED
J. B. 21

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:

REINA3 PROPERTY MANAGEMENT INC**ARTICLE II PRINCIPAL OFFICE****PRINCIPAL STREET ADDRESS:****MAILING ADDRESS, IF DIFFERENT IS:**4700 N HIATUS RD STE @255SUNRISE FL 33351**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFULL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100 AT NO PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and title: LEONEL DIAZ CASTILLOPAddress: 12470 SW 189TH STMIAMI, FL 33177**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name and title: LEONEL DIAZ CASTILLOAddress: 12470 SW 189TH STMIAMI, FL 33177**ARTICLE VII INCORPORATOR**The name and address of incorporator is:Name and title: LEONEL DIAZ CASTILLOAddress: 12470 SW 189TH STMIAMI, FL 331772021 MAR -9 PM 2:53
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI

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

02/23/21

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.817.15, F.S.

X 

Required Signature/Incorporator

02/23/21

Date

FILED
2021 MAR -9 PM 2:53
DEPT OF STATE
CORPORATION SERVICES