## 021000013237

(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Cib. (Chata (Zia/Dhana 40
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  W21000103951 Am	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  W21000103951 Am	
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  W21000103951 Am	(Business Entity Name)
Certified Copies Certificates of Status  Special Instructions to Filing Officer:  W2 1006103957 And	
Special Instructions to Filing Officer:  W21006103957  Minh	(Document Number)
Special Instructions to Filing Officer:  W21006103957  Minh	
W21000103957 Amh	Certified Copies Certificates of Status
W21000103957 Amh	
• •	Special Instructions to Filing Officer:
• •	
• •	
• •	
• •	
• •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
• •	W21000102957 111
	• •



800370035408

07/20/21+-01022+-015 \*\*87,50

2021 JUL 20 AM 9: 50 SECRETARY OF STATE

## **COVER LETTER**

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

(305) 445-5351

Pesantg@bellsouth.net

SUBJECT:	FIVE PALMS CORP.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an or	iginal and one (1) copy of the an	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM: _	GUILLERMO PESANT, E Nam	SQ. le (Printed or typed)	
	1313 Ponce de Leon Blvd., Su		202 S <u>B</u> I
_		Address	2021 JUL 20 SECRETAR TALLAH
	Coral Gables, FL 33134		
	City	State & Zin	(6)

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

	Mailing	address, if different is:
· <u> </u>		
zed is: Any and all	lawful business.	
ares		
R DIRECTORS PSTD	Name and Title: Address:	2021 JUL 20 AM 9 50 SECRETARY OF S PATE TALLAMASSEC, FL
	Address:	
	Name and Title: Address:	
	ares  R DIRECTORS PSTD  FL 34139	Name and Title:

Name and	Title:		_
Address		Address:	_ _ _
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Robert E. Fischer	<del></del>	
Address:	99 Osprey Court	_ <del>_</del>	
-	Plantation Island, FL 34139	_	
ARTICLE VII II	NCORPORATOR	200 1	
The name and add	ress of the Incorporator is:	SECRETAFIALLAH	<b>"</b> ]
Name:	Robert E. Fischer		ir S
Address:	99 Osprey Court		٠,
	Plantation Island, FL 34139	—	<i>;</i> 3
Effective date, if of (If an effective data filing.)	•	(OPTIONAL)  not be more than five days prior or 90 days after the	
Note: If the date if the document's effe	ective date on the Department of State's record	ble statutory filing requirements, this date will not be listed is.	45
Having been name certificate, Lum far	d as registered agent to accept service of process niliar with and accept, the appointment as regist	s for the above stated corporation at the place designated in tered agent and agree to act in this capacity	this
Rober	Required Signature/Registered Agent	7-1X-2	_/
document to the De		are true. I am aware that the false information submitted it long as provided for in s.817.155, F.S. $7 - 14 - 2$ Date	in a

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

ARTICLE I NAME  The name of the corporat	ion shall be: FIVE FLORIDA	PALMS CORP.	
ARTICLE II PRINC		Mailing a	address, if different is:
ARTICLE III BURBO		<del></del>	
ARTICLE V INITIA	ES stock is: 100 shares  LOFFICERS AND/OR DIRECTORS Robert E. Fischer PTSD 99 Osprey Court Plantation Island, FL 34139		TETAR)
Name and Title: Address		Address:	
Name and Title Address		Address:	

Name and	Title:	Name and Title:	
Address		Address:	
A DOMEN CALL DA	COLOTER EN ACIENT		
	E <u>GISTERED AGENT</u> r <mark>ida street address</mark> (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Robert E. Fischer	<del></del>	
Address:	99 Osprey Court		
	Plantation Island, FL 34139		
•		<del></del>	· · · 2
ARTICLE VII IF	NCORPORATOR		DZI JUL 20 SECRETARY
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Robert E. Fischer		20 HAY
Address:	99 Osprey Court	_ <del>_</del>	YOF MY
	Plantation Island, FL 34139	<del></del>	SIA: 5.5
	$\wedge$ 1		m O
ARTICLE VIII E	EFFECTIVE DATE: her than the date of filing:	$\frac{14^{\circ}}{202}$ . (OPTIONAL	.)
(If an effective dat filing.)	te is listed, the date must be specific and ca	hnot be more than five days p	orior or 90 days after the
	serted in this block does not meet the applic		ts, this date will not be listed as
the document's effe	ective date on the Department of State's reco	rds.	
Having been named	d as registered agent to accept service of proce	ess for the above stated corporati	ion at the place designated in this
certificate, Jym fan 17 Syc.	niliar with and accept the appointment as reg	istered agent and agree to act in	
<u> Nittle</u>	Required Signature/Registered Agent		$\frac{7-18-21}{\text{Date}}$
I submit this docur	nent and affirm that the facts stated herein	are true. I am aware that the J	
document to the De	partment of State constitutes a third degree fo	elony as provided for in s.817.15	15, F.S.
Little !	Z. feneral,		7-14-21
Required Signature	/Incorporator	D	ate