



**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.

((H21000466197 3)))



H210004661973ABC3

**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 : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

**\*\*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

RoseAnnaLynne Capital, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

(((H210004661973)))

**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: RoseAnnaLynne Capital, Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address6799 Collins Avenue, #311 SouthMiami Beach, FL 33141

Mailing address, if different is:

6799 Collins Avenue, #311 SouthMiami Beach, FL 33141**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real estate property**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rachel Allison Laureno, DirectorName and Title: Rachel Allison Laureno, PresidentAddress 6799 Collins Avenue, #311 SouthAddress: 6799 Collins Avenue, #311 SouthMiami Beach, FL 33141Miami Beach, FL 33141

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(((H210004661973)))

(((H210004661973)))

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: Rachel Allison Laureno  
Address: 6799 Collins Avenue, #311 South  
Miami Beach, FL 33141

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Rachel Allison Laureno  
Address: 6799 Collins Avenue, #311 South  
Miami Beach, FL 33141

**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*

Rachel Laureno  
Required Signature/Registered Agent

12/23/21  
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.817.155, F.S.*

Rachel Laureno  
Required Signature/Incorporator

12/23/21  
Date

(((H120004661973)))