

P22000010681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

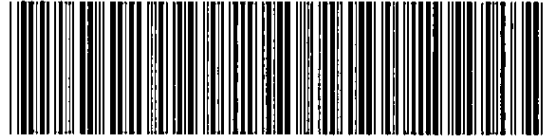
(Document Number)

Certified Copies _____

Certificates of Status _____

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2022 FEB 14 PM 3:46

2022 FEB 14 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FL

TALENTED & CAPABLE



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MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. The Mansions BR Corp
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

X Pick up time: _____



☒ Certified Copy

☐ Certificate Of Status

| New Filings | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Other: |

| Amendments | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments |
| <input type="checkbox"/> | Resignation |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other: |

| Other Filings | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille: |
| <input type="checkbox"/> | Other: |

Examiners Initials

| |
|--|
| |
|--|

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: THE MANSIONS BR CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8180 NW 36TH ST STE 409 A

MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymundo Alberto Fuenmayor Perozo (P) Name and Title: _____

Address 8180 NW 36TH ST
STE 409 A
MIAMI, FL 33166

Address: _____

Name and Title: Berenice Sotelo Godoy (VP)

Name and Title: _____

Address 8180 NW 36TH ST
STE 409 A
MIAMI, FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: ATPLUS AT DORAL
Address: 8180 NW 36TH ST STE 409 A
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raymundo Alberto Fuenmayor Perozo
Address: 8180 NW 36TH ST STE 409 A
MIAMI, FL 33166

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

/s/ Rosalba Cardona Aguilera 02/11/2022
Required Signature/Registered Agent 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.

/s/ Raymundo Alberto Fuenmayor Perozo 02/11/2022
Required Signature/Incorporator Date