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To:			MAR
	Division of Corporations		70
	Fax Number : (850)617-6381	8	2
From:		F op	P
	Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.	<u> </u>	
	Account Number : I20070000019	0.47	ည
	Phone : (518)689-1212	: ,=	<u> </u>
	Fax Number : (518)432-0742	• .	تبع.

Email Address:\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION MMR MIAMI RENTALS, CORP.

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

S. CHATHAM MAR 1 / 2022

## ARTICLES OF INCORPORATION IN LESS IN Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME he name of the corporation	a shall be: MMR	MIAMI RENTAL	s, 22744R 16 AM 5: U9
<u>RTICLE II PRINCIP</u>	<del>-</del>	<del>-</del>	GEOGRAPY OF STATE
Pri	incipal street address	•	TALL Maining address, if different is:
655 NE 50TH TE	R	<del>-</del>	655 NE 50TH TER
MIAMI FL 33137			MIAMI FL 33137
RTICLE III PURPOS	·		
e purpose for which the	corporation is organized is: _	RENTALS	
			-
	OFFICERS AND/OR DIREC		e and Title:
Address	PRESIDENT	Addr	ress:
	655 NE 50TH TER		
_	MIAMI FL 33137		
Name and Title:	ROY BRACHA	Name	e and Title:
Address	VICE-PRESIDENT	Addr	
	655 NE 50TH TER		
	MIAMI FL 33137		
Name and Title:	MARK KAMINSKY	Name	e and Title:
Address	VICE-PRESIDENT	Addr	
	655 NE 50TH TER	1000	
<del></del>	MIAMI FL 33137		

Name and Title:		Name and Title:		
Address		Address:		
	EGISTERED AGENT ida street address (P.O. Box NOT accepta	ole) of the registered agent is:		
Name:	MAXIM BECKMAN	<del></del>		
Address:	655 NE 50TH TER			
	MIAMI FL 33137			
ARTICLE VII INCORPORATOR		22 HAR 16 SECRETARY TALLAHASS		
The name and add	ress of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·		
Name:	MAXIM BECKMAN			
Address:	655 NE 50TH TER			
	MIAMI FL 33137			
Effective date, if of (If an effective dat filing.)  Note: If the date in	•	cannot be more than five days prior or 90 days after the capture icable statutory filing requirements, this date will not be listed as		
		cess for the above stated corporation at the place designated in the gistered agent and agree to act in this capacity		
	/s/ MAXIM BECKMAN	03/16/2022		
	Required Signature/Registered Agen	t Date		
	ment and affirm that the facts stated here epartment of State constitutes a third degree	n are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.		
	/s/ MAXIM BECKMAN	03/16/2022		
Required Signature	/Incorporator	Date		