

4/13/22, 10:02 AM

Division of Corporations
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Electronic Filing Cover Sheet

P22000029217

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: arimirservices@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI FLORIDA VACATION RENTALS INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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April 14, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARIMIR SERVICES GROUP LLC

SUBJECT: MIAMI FLORIDA VACATION RENTALS, INC
REF: W22000049980

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If you have any further questions concerning your document, please call (850) 245-6052.

Coates Brianna
Regulatory Specialists II
New Filings Section

FAX Aud. #: H22000134087
Letter Number: 522A00008703

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Miami Florida Vacation Rentals, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address1727 NW 60TH STMIAMI, FL 33142

Mailing address, if different is:

1100 NW 90TH ST,MIAMI, FL 33150**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: Jorge Trejo - President

Name and Title: _____

Address 1100 NW 90TH ST,
MIAMI, FL 33150

Address: _____

Name and Title: Liliana Vasquez - Vice President

Name and Title: _____

Address 1100 NW 90TH ST,
MIAMI, FL 33150

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Jorge TrejoAddress: 1100 NW 90TH ST,MIAMI, FL 33150**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Jorge TrejoAddress: 1100 NW 90TH ST,MIAMI, FL 33150SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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*Jorge Trejo
Required Signature/Registered Agent04/12/2022

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.*Jorge Trejo
Required Signature/Incorporator04/12/2022

Date

APR/15/2022/FRI 09:08 AM Arimir Services
3503376600

FAX No. 305-643-5225

P.005/005
P.01/01

TRANSACTION REPORT

APR/13/2022/WED 09:16 AM

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