## P220006 3317

(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:				

Office Use Only



800392527728

5405/204-53800--010-\*\*78.75

FILEL
2022 AUG 15 PM 1: 36
SELÄLIÄKE ÜI SIÄLL
VALLÄKSSEEL FI OPINA

īAlt ard sam a Mon

122 AUG 15 PH 2: D

D. O'KEEFE. AUG 15 2022

## **COVER LETTER**

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

SUBJECT: LA DOMI	115 1221 Poperties Incorporate NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy	of the articles of incorporation and a check for:
□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of \$	☐ \$78.75 ☐ \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Lenn	Name (Printed or typed)  CYLL AVE Sur FE 430
Miami	Address  City, State & Zip
E-mail address	Daytime Telephone number  A Carry (To be used for future annual report notification)

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

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

RTICLE I NAM ne name of the corpo	ration shall be: LA	<u> </u>	5 1221	teoper	très INC
RTICLE II PRIE	Principal street address		Mailing	g address, if different	is:
1/10 108 Mianai	JCKell AVE 2	Suite 430			
RTICLE III PUR		•			
	14 & Sel	1 Real	Estate	<u> </u>	
	Arb	ub au	nershif	)	
					<del></del>
***************************************					
RTICLE IV SHA	RES 19	)7).			
e number of shares	of stock is:	/ /	17		
	State Officers and/oritle: Ladonnis XI.	/ /	Name and Title:		
RTICLE V INIT	State Officers and/oritle: Ladonnis XI.	. Lucas/EEO	Name and Title:	1 ALL	2082
e number of shares  RTICLE V INIT  Name and T  Address	MIAMI, F	Lucas/EED 41 Ave Suile4 1 33131	Name and Title: Address:	JALLAHASSE	2082 AUG 15
e number of shares  ETIÇLE V INIT  Name and T	MIAMI, F	Lucas/EED UI ANT Suile4 1 33131 Ilin'S VP	Name and Title:	SLURE BARY OF S IALL AHASSEC, FL	<u> </u>
PTICLE V INIT  Name and T  Address  Name and Ti	MIAMI, F	Lucas/EED ul Ave Suile4 1 33131 lin S VP	Name and Title: Address: Name and Title:	SEURE BARY UF STATE	
Name and Ti Address	MIAMI, F	Lucas/EED 41 AVE Suile4 1 33131 In S VP 41 AVE Suile430 F1 33131	Name and Title: Address:  Name and Title:  Address:	SLURU ANASSEL. FLORIGI	P# 1: 36

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO)  Name:   Yeary Collin	,
Address: 1/10 Bricker	Ave Sui h- 430
Miami, H 3	<u>5151</u>
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Name: Henry Co/	Min Suite 430 HALLER T
Address: MILL MILL F	1 33/3/ SS 5 T
	THE P
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spe filing.)	ecific and cannot be more than five days prior or 90 days after the
	ret the applicable statutory filing requirements, this date will not be listed as f State's records.
Having been namelt as registered agent to accept ser	refee of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appoint	thent as registered agent and agree to act in this capacity /
Required Signature/Regist	stered Agent Date  Stated herein are true. I am aware that the fulse information submitted in a
document to the Department of State constitutes of the	hird degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date O//3/22