

PA3000033251

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

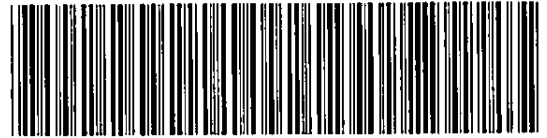
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Special Instructions to Filing Officer.

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2023 APR 26 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

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FLORIDA

Handwritten mark

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1531 FAIRVIEW CIRCLE CORP

Please Debit I20000000257 For: 70.00

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH 04/25

Name Date Time

Walk-In Will Pick Up



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2023

CAPITAL CONNECTION, INC.

SUBJECT: 1531 FAIRVIEW CIRCLE CORP.
Ref. Number: W23000060038

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for 1531 FAIRVIEW CIRCLE CORP.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen Lovelace
Regulatory Specialist II

Letter Number: 423A00009189

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: 1531 Fairview Circle Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Bared & Associates, P.A.

Name (Printed or typed)

201 Alhambra Circle, Suite 501

Address

Coral Gables, FL 33134

City, State & Zip

305-666-6010

Daytime Telephone number

mimi@baredlaw.com

E-mail address: (to be used for future annual report notification)

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 APR 26 PM 5:22

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME 1531 Fairview Circle Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Mailing address, if different is:

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: Saul Borenstein
Address: 201 Alhambra Circle
Suite 501
Coral Gables, FL 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

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

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.

Required Signature/Incorporator

Date

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TALLAHASSEE, FL