Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Casablanca Mountainview Retreat, Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

	Principal street address		Mailian oddayy	. i'm	
12371 SW 106 St			Mailing address, ir different is:		
Miami, FL .					
TICLE III PURI purpose for which	POSE the corporation is organized is:				
				2023 .	
TICLE IV SHAR number of shares of				UL 25 PM	17
	AL OFFICERS AND/OR DIRECTORS Abednego Hernandez, President			կ։ 38	
Address	40074 0046400 04	Address:			<del></del>
	Miami, FL 33185				
		_			
Name and Title:	Elvy Hernandez, VP	Name and Title:			
Address	12371 SW 106 St				
Magress					
Address	Miami, FL 33186	<del>-</del> .			
Address	Miami, FL 33186	<del>-</del> .			
	Miami, FL 33186				

Name and Title:		Name and Title:	Name and Title:		
Address		Address:			
ARTICLE 17	REGISTERED AGEN'T				
ine name and b	lorida street address (P.O. Dox NOT accept	able) of the registered agent is	:		
Name:	Abednego Hemandez	<del></del>			
Address:	12371 SW 106 St	<del></del>			
	Miami, FL 33186	· · · · · · · · · · · · · · · · · · ·			
ARTICLE VII	INCORPORATOR				
The name and ac	Idress of the Incorporator is:				
Name:	Abednego Hemandez	<del></del>			
Address:	12371 SW 106 St	<del></del>			
	Miami, FL 33186	<del></del>			
ARTICLE VIII	EF TIVE DATE:				
Effective date, if	other than the date of filing:	(OPTIO	NAL)		
(If an effective di filing.)	ate is listed, the date must be specific and	cannot be more than five di	ays prior or 90 days after the		
Note: If the date the document's ef	inserted in this block does not meet the appli fective date on the Department of State's rec	cable statutory filing require ords.	ments, this date will not be listed as		
certificate, I am fo	ed as registered agent to accept service of protection with and accept the appointment as re	cess for the above stated corpo gistered agent and agree to a	oration at the place designated in this ct in this capacity		
			_ 07/25/2023		
	Required Signature/Registered Agent		ule		
submit this docu	ment and affirm that the facts stated herein	are true. I am aware that i	he false information submitted in a		
ocument to the D	epartment of State donstitutes a third degree j	telony as provided for in s.81	7.155, F.S.		
	1		07/25/2023		
coured Signature	Incorporator		ute		