Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

ELEVATORS MIAMI COMPANY, CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

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COVER LETTER

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

SUBJECT: ELEVATORS MIAMI COMPANY, 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: CITI TXES LLC
Name (Printed or typed)

5721 NW 112TH AVE APT 108
Address

DORAL, FL 33178
City, State & Zip

305-803-4427
Daytime Telephone number

citi.taxes@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ELEVATORS MIAMI COMPANY, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1900 SW 8th ST APT W808
MIAMI, FL 33135

Mailing address, if different is:
1900 SW 8th ST APT W808
MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL AND ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHAN ALI HERRERA RIOS- PRESIDENT

Address: 1900 SW 8th ST APT W808
MIAMI, FL 33135

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: JOHAN ALI HERRERA RIOS

Address: 1900 SW 8th ST APT W808
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHAN ALI HERRERA RIOS

Address: 1900 SW 8th ST APT W808
MIAMI, FL 33135

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.

_____ 12/06/2023
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.

_____ 12/06/2023
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA