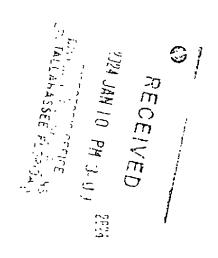
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·	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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D., M. J. O	Outification of Out
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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CAPITAL CONNECTION, INC.

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

MECA REALTY INVESTMENTS CORP	
Please Debit FCA000000003 For: 70	
Thank you Seth Neeley	
Straf	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
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT:M	ECA REALTY INVESTMENTS	CORP	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the an	ticles of incorporation and	d a check for:
□x\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		ADDITIONAL CC	T REQUIRED
FROM:	LUISA ELENA CUADRADO Nam	e (Printed or typed)	
	2600 SOUTH DOUGLAS R		
		Address	
	CORAL GABLES, FLORID		
	City,	State & Zip	
<u></u>		47-9430 elephone number	
	·	•	
	LUISA@RESTREPOLA		
	E-mail address: (to be use	d for future annual report n	otification)

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 NAME the name of the corporati	on shall be: MECA REALTY INVESTM	MENTS CORP	
RTICLE II PRINCI	PAL OFFICE Principal street address GLAS ROAD, SUITE 913	2600	Mailing address, if different is: SOUTH DOUGLAS ROAD, SUITE 913 AL GABLES, FLORIDA 33134
RTICLE III PURPO. ne purpose for which th	SE e corporation is organized is:ANY ANI	D ALL LEGAL	BUSINESS PURPOSE
RTICLE IV SHARE.	s		
e number of shares of st	ock is: 1,000 SHARES OFFICERS AND/OR DIRECTORS	<u>.</u>	
Name and Title:	DIEGO ALBERTO MEJIA NARANJO	Name and Title	ANA LUCIA CADAVID VELEZ
Address	2600 SOUTH DOUGLAS ROAD, SUITE 913	Address:	2600 SOUTH DOUGLAS ROAD, SUITE 913
-	CORAL GABLES, FLORIDA 33134		CORAL GABLES, FLORIDA 33134
-	PRESIDENT AND DIRECTOR	`	VICE PRESIDENT, TREASURER, SECRETARY, AND DIRE
Name and Title:_		Name and Title	***************************************
Address _		Address:	
Name and Title:_		Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address _		Address:	292
-			

Addres	s	Address:	
<u>ARTICLE VI</u>			
<u>ARTICLE VI</u>			
ARTICLE VI			
ARTICLE VI			
The second F	PECISTERED AGENT		
ine name and r	Torida street address (P.O. Box NO	T acceptable) of the registered agent	is:
Name:	INTERNATIONAL CORPOR	ATE SERVICE, INC.	
Address:	2600 SOUTH DOUGLAS RO	DAD, SUITE 913	
	CORAL GABLES, FLORIDA	A 33134	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	DIEGO L. RESTREPO, E	SQ.	
Address:	2600 SOUTH DOUGLAS	ROAD, SUITE 913	
	CORAL GABLES, FLOR	DA 33134	
ARTICLE VIII	EFFECTIVE DATE:	(OPTI	(ONIAL)
(If an effective d	late is listed, the date must be spec	cific and cannot be more than five	days prior or 90 days after the
filing.)			
Note: If the date the document's e	inserted in this block does not mee ffective date on the Department of S	t the applicable statutory filing requi State's records.	irements, this date will not be lis
Having been nam certificate, I quy f	ned as regist field alent to accept serv amiliar with and alcept the appoint	ice of process for the above stated co ment as registered agent and agree to	rporation at the place designated a set in this capacity
	Tax Market	0	
	Required Signature/Registe	ered Agent	0) - D8 - 2 Date
submit this doc	Trivent and affirm that the facts sta	ted herein are true. I am aware the	at the false information submitte
locument to the L	Department of State constitutes a thi	rd degree felony as provided for in s.	817.155, F.S.
Required Signatu	icep hinh		Date 01-08-20