

P240000013384

(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



800424012598

FILED

2024 FEB 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 FEB 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 02/21/24
Order #: 1425796-1
Re: JOY RESI LIVING MANAGEMENT CORP.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over a circular stamp.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED
2024 FEB 21 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: JOY Resi Living Management 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Ignacio C. Furfaro

Name (Printed or typed)

1101 Brickell Ave - Suite N1400

Address

Miami, Florida, 33131

City, State & Zip

7865988007

Daytime Telephone number

xavier.ruiz@rclawllp.net

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

2024 FEB 21 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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)

ARTICLE I NAME

The name of the corporation shall be: JOY Resi Living Management Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1101 Brickell Ave.

Suite N1400

Miami (FL) - 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which corporations
may be formed and to engage in any and all activities necessary or incidental to the foregoing.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jaime Pire Alvarez (Director)

Name and Title: _____

Address C. del Monasterio de Caaveiro 16, 1A

Address: _____

Fuencarral-El Pardo, 28949

Madrid, Spain

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2021 FEB 21 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ignacio C. Furfaro
Address: 1101 Brickell Ave - Suite N1400
Miami (FL) - 33131

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

Ignacio C. Furfaro

02/21/2024

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.

Ignacio C. Furfaro

02/21/2024

Required Signature/Incorporator

Date

FILED
2024 FEB 21 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FL