

P240000043157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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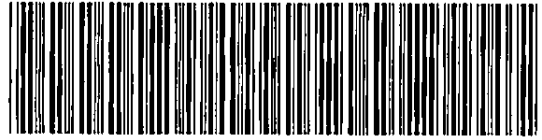
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SHINY PROPERTIES 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: MILAGROS VILORIA

Name (Printed or typed)

2574 N UNIVERSITY DR SUITE 207A

Address

SUNRISE FL 33322

City, State & Zip

(954) 391-0812

Daytime Telephone number

viloriaaservices@gmail.com

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

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: SHINY PROPERTIES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5525 NW 59TH PLACE
TAMARAC FL 33319

Mailing address, if different is:

5525 NW 59TH PLACE
TAMARAC FL 33319

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: CARDENAS, ORLANDO M. PRESIDENT

Name and Title: BARRERA DE CARDENAS, MARTHA G VICE-PRESIDENT

Address 5525 NW 59TH PLACE
TAMARAC FL 33319
OWNERSHIP 26%

Address: 5525 NW 59TH PLACE
TAMARAC FL 33319
OWNERSHIP 37%

Name and Title: CARDENAS NINO, RAFAEL O. VICE PRESIDENT

Name and Title: _____

Address 5525 NW 59TH PLACE
TAMARAC FL 33319
OWNERSHIP 37%

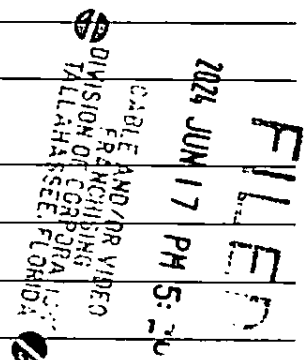
Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____



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: MILAGROS VILORIA

Address: 2574 N UNIVERSITY DR SUITE 207A

SUNRISE FL 33322

ARTICLE VII INCORPORATOR

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

Name: CARDENAS, ORLANDO M.

Address: 5525 NW 59TH PLACE

TAMARAC FL 33319

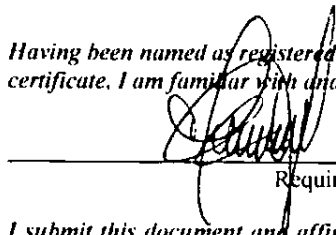
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/06/2024. (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



Required Signature/Registered Agent

06/11/2024

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.

ORLANDO MAURICIO CARDENAS. Orlando Cardenas

Required Signature/Incorporator

06/11/2024

Date

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2024 JUN 17 PM 5:40
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