

10/17/2019

Division of Corporations

**P19000078073**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000308534 3))



H19000308534ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**FILED**  
19 OCT 18 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
2905 OTAWA CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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: 2905 OTAWA CORP.

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 3137 NE 163RD STREET  
Mailing address, if different is: \_\_\_\_\_  
NORTH MIAMI BEACH, FL 33160  
\_\_\_\_\_  
\_\_\_\_\_

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maximiliano Aisinscharf, President Name and Title: \_\_\_\_\_  
Address: 3137 NE 163rd Street Address: \_\_\_\_\_  
North Miami Beach, FL 33160  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Mario Aisinscharf, Vice President Name and Title: \_\_\_\_\_  
Address: 3137 NE 163rd Street Address: \_\_\_\_\_  
North Miami Beach, FL 33160  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
19 OCT 18 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Manager Services LLC  
 Address: 3137 NE 163rd Street  
North Miami Beach, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alex D. Siminik, P.A.  
 Address: 2199 Ponce de Leon Boulevard, Suite 301  
Coral Gables, FL 33134

**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*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

10-17-2019  
 \_\_\_\_\_  
 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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

10/16/19  
 \_\_\_\_\_  
 Date