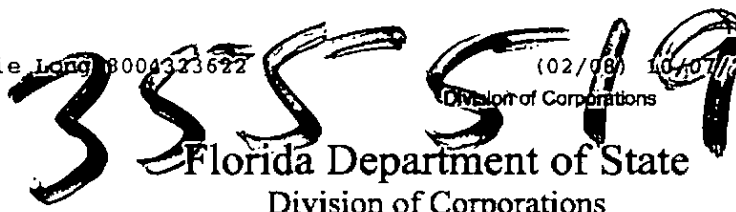


10/7/22, 9:18 AM

Ronnie Long 8004323622

(02/08) 10/07/2022 08:33:22 AM

Division of Corporations



Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
THE AMBASSADOR HOTEL COOPERATIVE APARTMENTS  
CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$43.75

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Corporate Filing Menu

Help



**RESTATED ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**  
The name of the corporation is: The Ambassador Hotel Cooperative Apartments Corp.

**ARTICLE II RESTATEDARTICLES**  
The text of the Restated Articles is as follows: \_\_\_\_\_

Purpose: The Corporation is formed to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act, as amended.

Existence: The Corporation shall have perpetual existence.

Amendment: The Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto, with the approval of its shareholders.

\_\_\_\_\_  
\_\_\_\_\_  
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**ARTICLE III OFFICERS AND/OR DIRECTORS (optional)**

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

- Change                    PT     John Doe
- Remove                      V       Mike Jones
- Add                            SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Jason Jacobson</u>	<u>4100 NE 2nd Avenue, #307</u> <u>Miami, Florida 33137</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Francis H. Scola, III</u>	<u>4100 NE 2nd Avenue, #307</u> <u>Miami, Florida 33137</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Eric Poretsky</u>	<u>350 Park Avenue, 14th Floor</u> <u>New York, NY 10022</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jonathan Goldstein</u>	<u>350 Park Avenue, 14th Floor</u> <u>New York, NY 10022</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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Example:

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- Remove            V       Mike Jones
- Add                 SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Richard Schlesinger</u>	<u>1801 S. Australian Ave.</u> <u>W. Palm Beach, FL 33409</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SD</u>	<u>Robert Schlesinger</u>	<u>1801 S. Australian Ave.</u> <u>W. Palm Beach, FL 33409</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPD</u>	<u>Adam Schlesinger</u>	<u>1801 S. Australian Ave.</u> <u>W. Palm Beach, FL 33409</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>Jason Schlesinger</u>	<u>1801 S. Australian Ave.</u> <u>W. Palm Beach, FL 33409</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

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

Name: Jason Jacobson  
Address: 4100 NE 2nd Avenue, #307  
Miami, Florida 33137

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

Jason Jacobson

Required Signature/Registered Agent

October 6, 2022

Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document;

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

Check if applicable:

The amendment(s) is/are being filed pursuant to s. 607.0120(11)€, F.S.

The date of each amendment(s) adoption is: \_\_\_\_\_  
if other than the date this document is signed.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and sharcholder action was not required.

The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting group. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).

“The number of votes cast for the amendment was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

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**ARTICLE VIII EFFECTIVE DATE:** October 6, 2022  
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 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.

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.

Dated: October 6, 2022

DocuSigned by:  
Jason Jacobson

Signature: \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Jason Jacobson

(Typed or printed name of person signing)

President

(Title of person signing)

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