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Division of Corporations

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From:
Account Name : ALAN J. MARCUS, ATTORNEY AT LAW
Account Number : I20190000099
Phone : (305)937-1800
Fax Number : (305)937-1857

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

Email Address: mnavarro@mmgequitypartners.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
OFFICE VILLAS OF PLANTATION CONDOMINIUM ASSOCIATION,**

Certificate of Status	0
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COVER LETTER

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

SUBJECT: OFFICE VILLAS OF PLANTATION CONDOMINIUM ASSOCIATION, INC.
_____ (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALAN J. MARCUS, ATTORNEY AT LAW
_____ Name (Printed or typed)

20803 BISCAYNE BOULEVARD, SUITE 301
_____ Address

AVENTURA, FL 33180
_____ City, State & Zip

305-937-1800
_____ Daytime Telephone number

mpico@mmgequitypartners.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: OFFICE VILLAS OF PLANTATION CONDOMINIUM ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>9171 S. DIXIE HIGHWAY</u>	<u>9171 S. DIXIE HIGHWAY</u>
<u>PINECREST, FL 33156</u>	<u>PINECREST, FL 33156</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDOMINIUM ASSOCIATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: PER BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>NAVARRO, GABRIEL - D</u>	Name and Title: <u>PICO, MARTIN - D</u>
Address: <u>9171 S. DIXIE HIGHWAY</u>	Address: <u>9171 S. DIXIE HIGHWAY</u>
<u>PINECREST, FL 33156</u>	<u>PINECREST, FL 33156</u>
Name and Title: <u>ORONA, DANIEL - D</u>	Name and Title: <u>PUEINTE, MARCOS - D</u>
Address: <u>9171 S. DIXIE HIGHWAY</u>	Address: <u>9171 S. DIXIE HIGHWAY</u>
<u>PINECREST, FL 33156</u>	<u>PINECREST, FL 33156</u>
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

OFFICE VILLAS OF PLANTATION ASSOCIATION, INC.

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15 2021

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: NAVARRO, MARCEL
Address: 9171 S. DIXIE HIGHWAY
PINECREST, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PICO, MARTIN
Address: 9171 S. DIXIE HIGHWAY
PINECREST, FL 33156

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: DECEMBER 15, 2021 (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 of Registered Agent

12/15/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

12/15/2021
Date