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

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.

2021 DEC 15 PM 2:37

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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