

P08600107152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

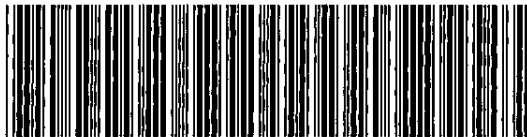
(Document Number)

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~~W08-51875~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/2/10

COVER LETTER

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

SUBJECT: TOWERS OF BLUE lagoon (1), INC  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Maria G. Badaracco  
Name (Printed or typed)

16950 N. Bay Road #510  
Address

Sunny Isles Beach, FL 33160  
City, State & Zip

786-378-2019  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2008

MARIA G. BADARACCO  
16950 N. BAY ROAD  
#510  
SUNNY ISLES BEACH, FL 33160

SUBJECT: TOWERS OF BLUE LAGOON (1), INC.  
Ref. Number: W08000051875

We have received your document for TOWERS OF BLUE LAGOON (1), INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of registered agent must be listed in article VI.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 508A00057261

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Towers of Blue Lagoon (1), INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*16950 N. Bay Road #510, Sunny Isles Beach, FL 33160*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Real Estate Development*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*100*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

*Maria G. Badaracco  
16950 North Bay Road # 510  
Sunny Isles Beach, FL 33160*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Maria G. Badaracco  
16950 North Bay Road #510  
Sunny Isles Beach, FL 33160*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Maria G. Badaracco  
16950 North Bay Road, #510  
Sunny Isles Beach, FL 33160*

\*\*\*\*\*  
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.

Signature/Registered Agent

Date

*08/01/06*

Signature/Incorporator

Date

*08/01/06*

FILED  
08 DEC -9 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA