

P14 000052303 (1/4)

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 16 PM 12:51

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

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RECEIVED

14 JUN 16 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Island Hospitality Management IV Inc.

Table with 2 columns: Field Name and Value. Fields include Certificate of Status (0), Certified Copy (0), Page Count (04), and Estimated Charge (\$70.00).

Handwritten mark resembling '14'

COVER LETTER

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

SUBJECT: Island Hospitality Management IV 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: Cynthia L. Woolheater, Pa. C.P., BCKERT SEAMANS CHERIN & MELLOTT, LLC
Name (Printed or typed)

600 Grant Street, 44th Floor
Address

Pittsburgh, PA 15219-2788
City, State & Zip

(412) 566.6192
Daytime Telephone number

BBachman@ih-corp.com
E-mail address: (to be used for future annual report notification)

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

APPROVED AND FILED (3/4)

14 JUN 16 PM 12:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME Island Hospitality Management IV Inc. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE Principal office address: 50 Coconut Row, Suite 200, Palm Beach, FL 33480 Mailing address, if different is:

ARTICLE III PURPOSE The purpose for which the corporation is organized is: To engage in and to do any lawful act concerning any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act, as amended, under the provisions of which this corporation is incorporated.

ARTICLE IV SHARES 10,000 shares of Common Stock, \$1.00 par value per share, consisting of The number of shares of stock is 10,000 shares of Class A Voting Common Stock and 1,000 shares of Class B Non-voting Common Stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger Pollak, Sr. VP & Secretary & Director Jeffrey Wald, Sr. VP & Director Address: 50 Coconut Row, Suite 200 Palm Beach, FL 33480 Address: 50 Coconut Row, Suite 200 Palm Beach, FL 33480

Name and Title: Barbara Bachman, VP & Treasurer & Director Philip Cohen, Asst. Secretary & Director Address: 50 Coconut Row, Suite 200 Palm Beach, FL 33480 Address: 50 Coconut Row, Suite 200 Palm Beach, FL 33480

Name and Title: Address: Name and Title: Address:

APPROVED
AND
FILED

14 JUN 16 PM 2: 51

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: C T Corporation System

Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Cynthia L. Woolhester

Address: 600 Grant Street, 44th Floor
Pittsburgh, PA 15219

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

By: <u>Maria T. Chambers</u>	<u>C T Corporation System</u>	<u>Maria T. Chambers</u>	<u>06/16/2014</u>
	Required Signature/Registered Agent	Special Assistant Secretary	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.

<u>Cynthia L. Woolhester</u>	<u>06/16/2014</u>
Required Signature/Incorporator	Date
Cynthia L. Woolhester, Incorporator	