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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -6 PM 12:52

APPROVED
AND
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
Turnbridge Development Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -6 PM 3:23

RECEIVED

VH

COVER LETTER

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

SUBJECT: TurnBRIDGE Development 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: Andrew Joblon
Name (Printed or typed)

299 Park Avenue, 42nd Fl
Address

NY, NY 10171
City, State & Zip

646-417-3395
Daytime Telephone number

ajoblon@fisherbrothers.com
E-mail address: (to be used for future annual report notification)

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

APPROVED (3/4)
AND
FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit) 14 OCT -6 PM 12:52

ARTICLE I NAME
The name of the corporation shall be: TURNBRIDGE DEVELOPMENT SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
11691 Michigan Ave 299 Park Avenue
Suite 445 4th Floor
Miami Beach, FL 33139 New York, NY 10171

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to acquire, hold, sell and otherwise
deal with certain properties in Miami Beach, Florida.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Andrew Joblon</u>	Name and Title:	_____
Address	<u>11691 Michigan Ave</u>	Address:	_____
	<u>Suite 445</u>		_____
	<u>Miami Beach, FL 33139</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

APPROVAL AND FILED (4/4)

14 OCT -6 PM 12:52

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: Douglas B. Heitner

Address: 1633 Broadway
NY, NY 10019

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: Angel Shearer CT Corporation System **Angel Shearer** Assistant Secretary 10/06/2014

Required Signature/Registered Agent 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.

[Signature] 10/6/14

Required Signature/Incorporator Date