

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000239590 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVI

Account Number: 075350000353

: (800)221-2972

Fax Number

: (888)692-9256

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION 300 Biscayne Partners Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/13/2014

From:



14 OCT 13 PH 12: 20

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

The name of the corporat	E 300 Biscayne I	Partners	s Inc.	ion I
ARTICLE II : PRII	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	
500 Fifth Ave.	Suite 1810		500 Fifth Ave. Suite 1810	
New York; NY	10110		New York, NY 10110	_
•				
ARTICLE III PUR	POSE Tot	ransact	any and all lawful activity fo	r
	ration may be formed.		and an lawrar about ty to	<u>-</u> _
Willow a corpo	ration may be formed.			
				
				
				
ARTICLE IV SHA	RES 4 000	,		
ARTICLE IV SHA The number of shares of	1,200	·		
ARTICLE V INIT	TAL OFFICERS AND/OR DIREC	TAND C		
	Leonardo Heidner, Dire			
	500 Fifth Ave			
Address	Suite 1810	Addr	ress:	—
				_
	New York, NY 10110			
Name and Title	,	Mama	e and Title:	
			·	
Address		Addro	ress:	—
			Company of the Compan	—
N		Mana	a and 351 a.	
Name and Title:			e and Title:	
Address		Addr	ress:	
	**************************************			_

From:

APPROVEL 10/13/2014 11:22 AND 45 P.003/003 FILED

14 0CT 13 PM 12: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA

Name a	nd Title:	Name and Title:
Addres	s	Address:
		Management of the state of the
ARTICLE VI	REGISTERED AGENT	
The name and F	Torida street address (P.O. Box NOT acceptable) of the	he registered agent is:
Name:	Blumberg Excelsior Corporate Services Inc.	
Address:	155 Office Plaza Drive, 1st Floor	
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR iddress of the Incorporator is:	
Name:	Christian Curtis	
Address:	500 Fifth Ave. Suite 1810	
	New York, NY 10110	
this certificate. I	omed as registered agent to accept service of process for am familiar with and accept the uppointment as regis cretary, Jose Mojica	
	kequired Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are tr Department of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	C	10/13/2014
	Required Signature/Incorporator	Date