

H18000088945

Florida Department of State
Division of Corporations
Section of Business Registration

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((H180003094143))



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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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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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FLORIDA PROFIT/NON PROFIT CORPORATION
FPG Hospitality Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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October 26, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: FISHER PROPERTY GROUP, INC.
REF: W18000094492

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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KYLE D BRUMBLEY
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FAX Aud. #: H18000309414
Letter Number: 918A00022085

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

ARTICLE I NAME
The name of the corporation shall be: FPG Hospitality Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 222 Lakeview Avenue, Suite 200
West Palm Beach, FL 33401
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
The Corporation is formed to engage in any lawful business for which corporations may be organized under the Florida Corporation Law

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ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jeffrey Fisher, President</u>	Name and Title:	<u>Richard Mielbye, Vice President</u>
Address:	<u>222 Lakeview Avenue, Suite 200</u> <u>West Palm Beach, FL 33401</u>	Address:	<u>222 Lakeview Avenue, Suite 200</u> <u>West Palm Beach, FL 33401</u>

Name and Title:	<u>Roger Poilak, Authorized Signatory</u>	Name and Title:	<u>Barbara Buchman, Authorized Signator</u>
Address:	<u>222 Lakeview Avenue, Suite 200</u> <u>West Palm Beach, FL 33401</u>	Address:	<u>222 Lakeview Avenue, Suite 200</u> <u>West Palm Beach, FL 33401</u>

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: 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: Barbara Bachman
 Address: 222 Lakeview Avenue, Suite 200
 West Palm Beach, FL 33401

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

C T Corporation System
 By: Angel Shearer **Angel Shearer** Assistant Secretary Date: 10/25/2018
 Required Signature/Registered Agent

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.

Barbara Bachman Required Signature/Incorporator Date: 10/25/18
 Barbara Bachman