

N12 000001798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

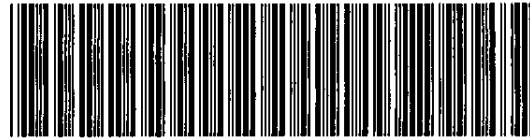
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FILED
12 FEB 15 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 31st, 2012


Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Dissolution of Floridian Arms, Inc., a Florida
Profit Corporation and the Filing of Floridian Arms,
Inc., a Florida Not For Profit Corporation

Dear Sirs:

This letter is for the purposes of informing your department that we do not intend to revoke the Dissolution of the Floridian Arms, Inc., a Florida Profit Corporation and we also hereby release the name for immediate use by the attached new entity, Floridian Arms, Inc., a Florida Not For Profit Corporation.

Yours truly,


Valerie James
Treasurer

COVER LETTER

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

SUBJECT: FLORIDIAN ARMS, INC., a FLORIDA NOT FOR PROFIT CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: ANTONIO A. FERNANDEZ
Name (Printed or typed)

1500 SAN REMO AVENUE #290
Address

CORAL GABLES, FLORIDA 33146
City, State & Zip

305-665-6335
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2012

ANTONIO A. FERNANDEZ
1500 SAN REMO AVENUE #290
CORAL GABLES, FL 33146

SUBJECT: FLORIDIAN ARMS, INC.
Ref. Number: W12000007378

We have received your document for FLORIDIAN ARMS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 712A00005226

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

FILED

12 FEB 15 AM 11:37

ARTICLE I NAME

The name of the corporation shall be: FLORIDIAN ARMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1450 NE 170 STREET # 326
NORTH MIAMI BEACH, FL 33162

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MANAGE AND RUN THE DAILY OPERATION OF A
CONDOMINIUM ASSOCIATION

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN LINVAL PRESIDENT
Address: 1450 NE 170 STREET #306
NORTH MIAMI BEACH, FL 33162

Name and Title: VALERIE JAMES TREASURER
Address: 1450 NE 170 STREET # 326
NORTH MIAMI, FLORIDA 33162

Name and Title: TED SMATH VICE-PRESIDENT
Address: 1450 NE 170 STREET # 306
NORTH MIAMI BEACH, FL 33162

Name and Title: _____
Address: _____

Name and Title: GEORGE SPEARS TREASURER
Address: 1450 NE 170 STREET #306
NORTH MIAMI BEACH, FL 33162

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CMA ARTEAGA
Address: 2200 NW 102 AVENUE #5
DORAL, FLORIDA 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIE JAMES
Address: 1450 NE 170 STREET #326
NORTH MIAMI BEACH, FL 33162

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

Required Signature of Registered Agent

1-31-2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

1-31-2012

Date