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

From: Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
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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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FOREIGN PROFIT/NONPROFIT CORPORATION
ONE PARK LAS OLAS, INC.

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W1-17292

245-6804



Attn: Becky

April 8, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE ACCESS, INC.

SUBJECT: ONE PARKING LAS OLAS, INC.
REF: W10000017292

Resubmitting

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 date of incorporate listed in number 4 must be identical to the date listed in your certificate of status.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

FAX Aud. #: E10000079025
Letter Number: 510A00008621

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ONE PARKING LAS OLAS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

27-2276292

3.

(FEI number, if applicable)

4. 04/06/2010

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 477 SOUTH ROSEMARY AVENUE #314 WEST PALM BEACH, FL 33401

(Principal office address)

477 SOUTH ROSEMARY AVENUE #314 WEST PALM BEACH, FL 33401

(Current mailing address)

8. ANY LAWFUL ACTIVITY

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **HIQ CORPORATE SERVICES, INC.**

Office Address: **1574 VILLAGE SQUARE BLVD.-SUITE 100**

TALLAHASSEE

(City)

Florida 32309

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*


(Registered agent's signature)

**KELLI C. FLANNERY, VICE PRESIDENT
HIQ CORPORATE SERVICES, INC.**

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
under the law of which it is incorporated.**

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: **KIRSTEN DOLAN**

Address: **618 FERN STREET**

WEST PALM BEACH, FLORIDA 33401

Vice Chairman: _____

Address: _____

Director: **GREG SUSICK**

Address: **618 FERN STREET**

WEST PALM BEACH, FLORIDA 33401

Director: _____

Address: _____

B. OFFICERS

President: **KIRSTEN DOLAN**

Address: **618 FERN STREET**

WEST PALM BEACH, FLORIDA 33401

Vice President: **GREG SUSICK**

Address: **618 FERN STREET**

WEST PALM BEACH, FLORIDA 33401

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

KIRSTEN DOLAN-DIRECTOR

(Typed or printed name and capacity of person signing application)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE PARKING LAS OLAS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE PARKING LAS OLAS, INC." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7916330

DATE: 04-07-10

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