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TRANSMITTAL LETTER

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

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-05/10/00--01042--006
*****78.75 *****78.75

SUBJECT: Grove Tropic Condo Association, Inc.
(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: Sharon Fallick
Name (Printed or typed)
3103 Shipping Avenue
Address
Miami, Florida 33133
City, State & Zip
(305) 585-7260
Daytime Telephone number

FILED
2000 MAY 10 AM 8 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AR 5/15

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Grove Tropic Condo Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3103 Shipping Avenue
Miami, Florida 33133

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

Condominium Association

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

As stated in the By-laws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Sharon Fallick
3103 Shipping Avenue
Miami, Florida 33133

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Sharon Fallick
3103 Shipping Avenue
Miami, Florida 33133

Sharon Fallick

Signature/Incorporator

5/3/00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sharon Fallick

Signature/Registered Agent

5/3/00

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA