Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

Fax Number

: (305)541-3694 : (305)541-3770

FLORIDA NON-PROFIT CORPORATION

COSTA BONITA HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count Estimated Charge	05
ST. 1144-114-114-114-114-114-114-114-114-11	\$78.75

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ARTICLES OF INCORPORATION

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OF

COSTA BONITA HOMEOWNERS' ASSOCIATION, INC.,

A NONPROFIT CORPORATION

The Undersigned incorporator, desiring to form a not-for-profit corporation under Chapter 617, Florida Statutes, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation ("Corporation") shall be:

COSTA BONITA HOMEOWNERS' ASSOCIATION, INC.,

ARTICLE II PRINCIPAL OFFICE

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

7270 NW 12 Street, Suite 410 Miarni, Fl 33126

ARTICLE III PURPOSE

The corporation is organized to engage in all lawful acts or activities not for pecuniary profit for which Florida not-for-profit corporations may be organized, so far as permitted by Code Section 501(c)(3), including the following: homeowners' association. All references to "Code" are to the Internal Revenue Code of 1986 as amended or to corresponding provisions of future federal tax legislation.

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DIVISION OF CORPORATION

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ARTICLE IV MANNER OF ELECTION

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than (3) three directors. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation, but may never be less than (3) three. The election of directors shall be in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and street address of the initial directors are:

Luis Rabell 7270 NW 12 Street Suite 410 Miami, FL 33126

Emiliano de la Fuente, Jr. 7270 NW 12 Street Suite 410 Miami, FL 33126

> Keyla Alba-Reilly 7270 NW 12 Street Suite 410 Miami, FL 33126

ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of the corporation is 7270 NW 12 Street, Suite 410, Miami, FL 33126, and the name of the Corporation's initial registered agent at that address is Keyla Alba-Reilly.

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ARTICLE VII	INCORPORATOR

The names and street addresses of the incorporator is:

Keyla Alba, Esq. 7270 NW 12 Street, Suite 410 Miami, FL 33126

ARTICLE VIII BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders, except that the Board of Directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that the bylaw is not subject to amendment or repeal by the Directors.

ARTICLE IX AMENDMENTS

The Corporation reserves the right to amend, alter, change or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation. These Articles may be amended prior to the issuance of shares of the Corporation by the unanimous approval or consent of the Board of Directors. Thereafter, every amendment shall be approved by the Board of Directors, proposed by them to the shareholders, and approved at a shareholders' meeting by the holders of the majority of the shares entitled to vote on the matter or in such other manner as may be provided by law.

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ه	assigned incorporator has executed the
THURS WHEREOF, the uno	20 .
IN WITNESS WILL day of	
incorporation this day of	

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Signature/Incorporator

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGI

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 appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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.

Signature/Registered Agent

Date

SECRETARY OF STATE DIVISION OF CORFORATIONS

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