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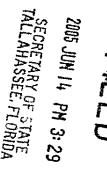
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
AUTHORIZATION BY PHONE TO CORRECT ACT. VI RYANGME DATE 6/15/25 DOC. EXAM TH

Office Use Only



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T. Hampton IIIN 15 206

TRANSMITTAL LETTER

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

SUBJECT:	Fille	nore	Plac ATE NAME - MUST	e Inc	orpor	a fe
	PRO	POSED CORPOR	LATE NAME – MUST	INCLUDE SUFFIX)	<i>,</i>	

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

\$70.00

\$78.75

Status

□\$78.75 Filing Fee \$87.50

Filing Fee & Certificate of

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Katherine Loyd
Name (Printed or typed)

6901 SW 18th Street Suite

Boca Faton Florida
City, State & Zip

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 9, 2005

KATHERINE LOYD 6901 SW 18TH ST STE E105 BOCA RATON, FL 33433

SUBJECT: FILLMORE PLACE INCORPORATED

Ref. Number: W05000028670

OS JUN 14 PN 4: 04

We have received your document for FILLMORE PLACE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Please list the name of the registered agent in article VI.

Please return the 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) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 205A00040581

FILED

2005 JUN 14 PM 3: 29

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>AR</u>	<u>TICLE</u>	I	NAME
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The name of the corporation shall be:

Fillmore Place Incorporated

ARTICLE II PRINCIPAL OFFICE

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

5970 SW 18th E 1 PMB 317 Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Register and Maintain Property for the Condom: n'um ASSOCiation

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As stated in the Bylaws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Lawrence Weisberg

Director

Barbara Weisberg

Officer 1 Director

Richard Vega

Officer 1 Drechor

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
6901 SW 18th Street THE LAW OFFICES OF LAWRENCE M. WEISBERG, P.A.

Suite E105

Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katherine Loyd P.O. Box 590515

Fort Lauderdale Fl. 33359

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.

Signature/Registered Agent

Signature/Incorporator

Date

Date