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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/16

COVER LETTER

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

SUBJECT: Fifteen Thirty Five Meridian Avenue Condominium 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: Barbara Heiman
Name (Printed or typed)

2710 Anderson Road
Address

Coral Gables, FL 33134
City, State & Zip

(305)448-0597
Telephone number

a1luvdoc@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Fifteen Thirty Five Meridian Avenue Condominium Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1535 Meridian Avenue

Miami Beach, FL 33139

Mailing address, if different is:

2710 Anderson Road

Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Administer financial and property maintenance matters for the condominium building owners.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Annual vote of registered owners.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Heiman, VICE PRESIDENT Name and Title: _____

Address: 2710 Anderson Road Address: _____
Coral Gables, FL 33134

Name and Title: ROBERT ONUSKA, PRESIDENT Name and Title: _____

Address: 666 UNIVERSITY DRIVE Address: _____
CORAL GABLES, FL 33134

Name and Title: DR. TOM MELE, SECRETARY Name and Title: _____

Address: 21 E. 35 ST. #3B Address: _____
NEW YORK, N.Y. 10016

ARTICLE VI REGISTERED AGENT

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

Name: Barbara Heiman

Address: 2710 Anderson Road

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Heiman

Address: 2710 Anderson Road

Coral Gables, FL 33134

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

B. Heiman

Required Signature of Registered Agent

3/8/2011
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.

B. Heiman

Required Signature of Incorporator

3/8/2011
Date

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SECRETARY OF STATE