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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

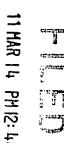
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SECRETARY OF STATE



COVER LETTER

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

SUBJECT: Fifteen	Thirty Five Meridian A	venue Condominio	um Association, Inc		
SUBJECT:	(PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u>	JDE SUFFIX)		
Enclosed is an original a \$70.00 Filing Fee	and one (1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	les of Incorporation and \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL C	OPY REQUIRED		
	Barbara Heiman				
FROM:	Name (Printed or typed)				
,	2710 Anderson F	Road			
	Coral Gables, FL	33134 tate & Zip			
	(305)448-0597		,		
1535 Merlandi mes Relephone number					

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

E-mail address: (to be used for future annual report notification)

a1luvdoc@aol.com

ARTICLES OF INCORPORATION

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

ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:	
	1535 Meridian Avenue		2710 Anderson Road	
	Miami Beach, FL 33139		Coral Gables, FL 33134	
ARTICLE III	PURPOSE			
The purpose for whi	ich the corporation is organized is:			
Administer fine	ancial and property maintenance n	natters for the	condominium building owners.	
ARTICLE IV	MANNER OF ELECTION The manner	in which the direct	tors are elected and appointed:	
Annual vote of	registered owners.		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	mrs	대의 그 병	
	e: Barbara Heiman, VICE PRESIDE	Name and Ti	itle:	
Address:	2710 Anderson Road	Address:	97. 6	
	Coral Gables, FL 33134		<u>Š</u> w	
Name and Titl Address:	E RAFRY ONUSKA PRES GLG UNIVERSITY DRIVE ORALGABLES, FLI 33134	Address:	itle:	
Name and Titl Address:	EDR. TO MMELE SECRETA 21 E. 355T. #3B NEW YORK, N.Y. 10016	Name and Ti	itle:	
	REGISTERED AGENT			
	ida street address (P.O. Box NOT acceptable) of the registered a	agent is:	
Name:	Barbara Heiman			
Address:	2710 Anderson Road			
	Coral Gables, FL 33134			
	INCORPORATOR			
ARTICLE VII	ress of the Incorporator is:			
	700 07 000 1000 por more 12.			
The name and addr Name:	Barbara Heiman			
The name and addr				

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.

Required Signature of Incorporator

Date