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DATE:

02-26-14

NAME:

BAL HARBOUR YACHT CLUB, INC

TYPE OF FILING: ARTICLES OF INCORPORATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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eb 26 14 12:40n

## COVER LETTER

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

SUBJECT: Bal Harbour Yacht Club, 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: Julie McAllister

Name (Printed or typed)

Kaplin Stewart, 910 Harvest Drive

Address

Blue Bell, PA 19422

City, State & Zip

610-941-2475

Daytime Telephone number

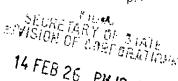
jmcallister@kaplaw.com

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

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)



ADMINI D F	NA MATO	14 FEB 26 PM In
The name of t	he corporation shall be: Bal Harbour	Yacht Club, Inc.
ARTICLE I		
	Principal street address:	Mailing address, if different is:
167	75 Lands End Road	
Ma	analapan, FL 33462	
ARTICLE I	II PURPOSE to	anarata and manage the operation of a maring
		operate and manage the operation of a marina
and all p	purposes incidental to the fo	oregoing.
		as provided for i
ARTICLE I	V MANNER OF ELECTION The m	anner in which the directors are elected and appointed: as provided for i
the Bylaw	s of the non-profit corporation.	
ADTICLE	V INITIAL OFFICERS AND/OR DE	DECTORS
ARTICLE	V INITIAL OFFICERS AND/OR DI	REL TORS
Name and Tit	<sub>lie:</sub> Joseph Imbesi, President	Name and Title:
Address	1675 Lands End Road	•
Address	Manalapan, FL 33462	Address:
	Wallalapall, L 33402	
Name and Tit	tle·	Name and Title:
Address		Address:
Name and Ti	tio:	Name and Title:
Address		Address:
AG01628	***************************************	Main 692

Egh 26 14 12:40n

Name and Title:	Name and Title:	
Address _	Address:	
<del></del>		
	······································	
Name and Title:_	Name and Title:	
Address	Address:	
-		
<del></del>		
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered ag	gent is:
Name:	Joseph Imbesi	
Address:	1675 Lands End Road	
	Manalapan, FL 33462	
ARTICLE VII	INCORPORATOR	
	Idress of the Incorporator is:	
Name:	Julie McAllister	
Address:	Kaplin Stewart, 910 Harvest Drive	
	Blue Bell, PA 19422	
	ned as registered agent to accept service of process for the above amiliar with and accept the appointment as registered agent and ag	
	out De	February 26, 2014
	Printing Signature of Registered Agent	Date
I submit this doci to the Departmen	ument and affirm that the facts stated herein are true. I am aware to t of State constitutes a third degree felony as provided for in s.817.J	hat any false information submitted in a document 55, F.S.
<u> </u>	Talit Mcallister Required Signature of Incorporator	February 26, 2014
	Required Stanature of Incomparator	Date