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COVER LETTER

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

SUBJECT: Sunny Isles Beach Golden Shores 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: JUAN A. Crespi
Name (Printed or typed)

19120 N. BAY Rd.
Address

Sunny Isles Beach, FL 33160
City, State & Zip

305-573-2052
Daytime Telephone number

MaggieCrespi@bellsouth.net
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: Sunny Isles Beach Golden Shores Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

19120 N. Bay Rd.

Sunny Isles Beach, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To preserve, protect and enhance the Residential Neighborhood of Golden Shores, located in the City of Sunny Isles Beach and to address the needs of this neighborhood and to stand in support of those needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Annual elections by membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN A. Crespi, Pres. Name and Title:

Address: 19120 N. Bay Rd. Address:

Sunny Isles Beach, FL 33160

Name and Title: Steven Ortiz, Vice-Pres. Name and Title:

Address: 301 189 Street Address:

Sunny Isles Beach, FL 33160

Name and Title: Margarita Crespi, Tre. & Sec. Name and Title:

Address: 19120 N Bay Rd. Address:

Sunny Isles Beach, FL 33160

15 OCT 14 PM 2:05
SUNNY ISLES BEACH, FL 33160
JUAN A. CRESPI, PRES.
STEVEN ORTIZ, VICE-PRES.
MARGARITA CRESPI, TRE. & SEC.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JUAN A. CRESPI

Address: 19120 W. BAY RD.

SUNNY ISLES BEACH, FL 33160

14 OCT 14 PM 2:05
STATE
OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN A. CRESPI

Address: 19120 W. BAY RD.

SUNNY ISLES BEACH, FL 33160

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

Juan A. Crespi
Required Signature of Registered Agent

10-7-14
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.

Juan A. Crespi
Required Signature of Incorporator

10-7-14
Date