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Special Instructions to	Filing Officer:	
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OCT 2 0 2014 **S. GILBERT**

215 **COVER LETTER** Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 us Resident Association for. MARTIN (PROPOSE Five SUBJECT: Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : **\$70.00 \$78.75** □\$78.75 **1** \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED MARTIN FINE Villas Resident Association the. Name (Printed or typed) FROM: 1301 NW 7 street # 303 Address ari, Florida, 33125 City, State & Zip (186) 333 - 7667 Daytime Telephone number

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

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

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Name and Title:	Name and Title:	
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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:

Address:

Sonia			
301	aici	7 TH St. #304	
		. 33125	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

<u>SONIA SDAREZ</u> 1301 NON 17 5t. #304 MiAmi, FL. 33125

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

Required Signature of Registered Agent

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08/08/14 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.

Required Signature of Incorporator