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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
VILLAS BENY MORE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
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J 2/27/15

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

ARTICLE I NAME

The name of the corporation shall be: VILLAS BENY MORE CONDOMINIUM ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
717 PONCE DE LEON BLVD
324
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the Association is organized is to provide an entity under the Florida Condominium Act as it exists on the date hereof (the "Act") for the operation of that certain condominium located or to be located in DADE County, Florida, and known as VILLAS BENY MORE, A CONDOMINIUM.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BY MINUTES AND BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Richard Trinidad, Pres</u>	Name and Title: _____
Address: <u>717 Ponce de Leon Blvd.</u>	Address: _____
<u>#324</u>	_____
<u>Coral Gables, FL 33134</u>	_____
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: Richard Trinidad
Address: 717 Ponce de Leon Blvd.
#324
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Metronomic, Inc.
Address: 717 Ponce de Leon Blvd. #324
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

[Signature]
Required Signature/Registered Agent

2-25-15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

[Signature]
Required Signature/Incorporator

2-25-15
Date

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