

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : JAM MARK LIMITED  
Account Number : I20000000112  
Phone : (305) 789-7758  
Fax Number : (305) 789-7799

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
ATLANTIQUA CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

please use original  
fax date of  
12/21/15.  
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Corporate Filing Menu

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15 DEC 21 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 DEC 22 AM 11:28  
12/21/2015

MD 12/23

850-617-6381

12/22/2015 10:01:05 AM PAGE 1/001 Fax Server



December 22, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JAM MARK LIMITED  
\*\*\*\*\*FAX FILING\*\*\*\*\*

SUBJECT: ATLANTIQUA CONDOMINIUM ASSOCIATION, INC.  
REF: W15000081760

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon  
Regulatory Specialist II

FAX Aud. #: H15000300050  
Letter Number: 915A00026730

Tina, please see attached revised articles. Please use original fax date of 12/21/15. Thank you.

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: ATLANTIQUA CONDOMINIUM ASSOCIATION, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:245 30th StreetMiami Beach, FL 33140

Mailing address, if different is:

5002 North Bay Rd  
Miami Beach, Florida 33140**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to conduct a condominium association, which qualifies as an  
exempt organization under Section 501(c)(3) of the Internal Revenue Code, or any corresponding section  
of any future federal tax code, or any corresponding section of any future federal tax code. Furthermore,  
this corporation may engage in only activities permitted under the laws of the State of Florida and the  
United States of America as shall constitute activities in furtherance of such exempt purposes.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Members elect  
in the manner set forth in the Bylaws of the Corporation.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Eddy Chabli, Pres/Director</u>	Name and Title:	<u>Katia Chabli, VP/Director</u>
Address:	<u>3801 Collins Avenue</u>	Address:	<u>3801 Collins Avenue</u>
	<u>Miami Beach, FL 33140</u>		<u>Miami Beach, FL 33140</u>
Name and Title:	<u>Roberto Balcker, Secy/Tr/Director</u>	Name and Title:	<u></u>
Address:	<u>708 W 51 Street, Apt. 8</u>	Address:	<u></u>
	<u>Miami Beach, FL 33140</u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address:	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

15 DEC 21 AM 10:01

**ARTICLE VI REGISTERED AGENT**

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

Name: Eddy Chabli  
Address: 3801 Collins Avenue  
Miami Beach, FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jorge Escobar - Holland & Knight LLP  
Address: 701 Brickell Avenue, Suite 3300  
Miami, FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Eddy Chabli

By: \_\_\_\_\_  
Required Signature of Registered Agent

DECEMBER 19, 2015

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

DECEMBER 19, 2015

Date

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