Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000115065 3)))



H160001150653ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	•					
	Division of Co					
	Fax Number	: (850)617-6381				
From:						
		: LAZARUS CORPORA	TE FILING S	SERVICE, IN	c.	
		: I20000000019				
	Phone Fax Number	: (305)552-5973 : (305)675-5944				
●金 で □ ▲ ▲		*		A. L		
		ess for this busin ilings. Enter only				
á	nnual report mai					MAY
03 10A					CRETARY AHASSE	HAY
3. 03	mnnual report mai	ilings. Enter only	one email	address ple	CRETARY OF	MAY 10 AM
PK 3: 03	mnnual report mai		one email	address ple	CRETARY OF S	MAY 10 AM
10 PM 3 03	mail Address:	ilings. Enter only	OFIT CO	address ple	CRETARY OF	HAY
PK 3: 03	mail Address:	ilings. Enter only ROFIT/NON PR ERRACE CONI	OFIT CO	address ple	CRETARY OF S	MAY 10 AH
10 PM 3 03	innual report mainal Address: FLORIDA PI	ilings. Enter only ROFIT/NON PR ERRACE CONI of Status	OFIT CO	address ple RPORATI MS INC	CRETARY OF S	MAY 10 AH
HAY 10 PK 3: 03	FLORIDA PI 17TH T	ilings. Enter only ROFIT/NON PR ERRACE CONI of Status	OFIT CO	address ple RPORATI MS INC	CRETARY OF S	MAY IO AH

Electronic Filing Menu

Corporate Filing Menu

Help

1#

850-617-6381

5/10/2018 9:33:08 AM PAGE 1/001 Fax Server



May 10, 2016

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: 17TH TERRACE CONDOMINIUMS INC

REF: W16000033917

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000040336 (17TH TERRACE CONDOMINIUMS INC).

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 you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H16000115065 Letter Number: 016A00009742 Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of 17th Terrace Condom niums of Doc# P12000 40380 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Adrian Z Videlo

3052201440

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

H1600011506

Terrace condominiums Inc The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is: ARTICLE III **PURPOSE** Condominium ASSociation The purpose for which the corporation is organized is: MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS ame and Title Address Address: Name and Title: Leonardo Damasa Lainez Address Name and Title: Name and Title; Address Address:

FILEDH 16000115065

Name and Title:	16 MAY Name and Title:	10 AHII: 14	
Address	SECRET	ARY OF STATE ASSEE FLORIDA	
Name and Title:	Name and Title:		
Address	Address:		
			
	NOT acceptable) of the registered agent Videla ding ave Ap		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	·		
Name: Adrian 3	· Videla	, ()	
Address: 6953 Ha	rding ave t	3 pt d	
Miami F	L 33141		
Having been named as registered agent to accept certificate, I am familiar with and accept the app	pt service of process for the above sto ointment as registered agent and agree Ledela	ted corporation at the place designate to act in this capacity	ed in this
Required Signature of	Registered Agent	Date	-
I submit this document and affirm that the facts to the Department of State constitutes a third deg	stated herein are true. I am aware that ree felony as provided for in s.817.155 Videla	any false information submitted in a a F.S.	locument
Required Signatur	re of Incomprator	Date	