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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
MARIN BOAT SLIPS CODOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Marin Boat Slips Condominium Association, Inc., a Florida not-for-profit corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11099 Marin Street
Coral Gables, 33156

Mailing address, if different is:
Adam S. Hall
2665 South Bayshore Drive Penthouse 1
Miami, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Management

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam S. Hall-President
Address 2665 South Bayshore Drive
Penthouse 1
Miami, FL 33133

Name and Title: Jose Ramon Rodriguez-Vice President
Address: 7440 SW 50 Terrace
Suite 101
Miami, FL 33155

Name and Title: Juan Carlos Orrtols, Secretary/Treasurer
Address 7715 NW 56 Street
Doral, FL 33166

Name and Title:
Address

Name and Title:
Address:

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: Adam S. Hall-President

Address: 2665 South Bayshore Drive Penthouse 1

Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose Ramon Rodriguez-Vice President

Address: 7440 SW 50 Terrace Suite 101

Miami, FL 33155

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

_____ 2/2/21

Required Signature of Registered Agent 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.

_____ 2/2/21

Required Signature of Incorporator Date