

N22000006758

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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FLORIDA PROFIT/NON PROFIT CORPORATION

Catalina Palms Homeowners Association, Inc.

Certificate of Status	1
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2022

SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY NW, STE 200
BOCA RATON, FL 33487

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The name CATALINA PALMS HOMEOWNERS ASSOCIATION, INC. has been reserved for 120 days beginning April 7, 2022. The reservation number is R2200000081 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lanham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (850) 488-9000, the Name Availability Section

Tammi Cline

Letter number: 322A00008149

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Catalina Palms Homeowners Association, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:14192 Rangeline RoadSt. Lucie, FL 34987

Mailing address, if different is:

5300 W. Atlantic Ave., Suite 505Delray Beach, FL 33484**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

To take title to, administer, operate, maintain, finance, repair, replace, manage and lease the association's property in accordance with the association's governing documents.

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

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Alexander Akel - DirectorAddress: 14192 Rangeline RoadSt. Lucie, FL 34987Name and Title: Ramzi Akel - DirectorAddress: 14192 Rangeline RoadSt. Lucie, FL 34987Name and Title: Horacio Moncada - DirectorAddress: 14192 Rangeline RoadSt. Lucie, FL 34987

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: _____
Sachs Sax Caplan, P.L.Address: _____
6111 Broken Sound Parkway NW Suite 200

Boca Raton, FL 33487

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: _____
Computershare Governance Services Inc.Address: _____
801 US Highway 1

North Palm Beach, FL 33408

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 days prior or 90 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*

Saray Djidji, Attorney in Fact

Required Signature of Registered Agent

06/14/2022

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.

Saray Djidji, Attorney in Fact

Required Signature of Incorporator

06/14/2022

Date

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