

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Decument Marshar)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.

Office Use Only



800387957638

05/27/22--01003--007 **70.00

LLAHASSEE, FLOR

RECEIVED

2022 JUN 22 PM 4

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

1.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN				
	PICI	K UP: 5/27 DANNY			
XX	CERTIFIED COPY PHOTOCOPY CUS				
XX	FILING	INC			
	ORPORATE NAME AND DOCUI				
	ORPORATE NAME AND DOCU				
(C	ORPORATE NAME AND DOCU	MENT #)			



June 8, 2022

CORPORATE ACCESS

Corrected

SUBJECT: 1010 AT THE ROADS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: W22000071058

We have received your document for 1010 AT THE ROADS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The manner of election the information is not complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

Letter Number: 622A00012201

PER JUN 22 PH 3: 47

www.sunbiz.org

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

FILED

	II PRINCIPAL OFFICE	DADS CONDOMINIUM ASSOCIATION, INC.	<u> </u>
	Principal street address: D10 SW 22ND STREET	Mailing address, if di	SEUNCHARY OF STAR TALLAHASSEE, FL fferent is:
<u>M</u>	IAMI, FLORIDA 33129		
ARTICLE A	III PURPOSE e for which the corporation is organized is:	any and all lawful activities of a condominium as	sociation.
 -			
RTICLE I	V MANNER OF ELECTION The mar	nner in which the directors are elected and appointe	d: as stated in bylaws.
RTICLE V	/ INITIAL OFFICERS AND/OR DIREC		d: as stated in bylaws.
TICLE V	INITIAL OFFICERS AND/OR DIREC		
TICLE V	/ INITIAL OFFICERS AND/OR DIREC	CTORS	
ATICLE V ame and Ti	INITIAL OFFICERS AND/OR DIRECTION IN THE INITIAL OFFICERS AND INTERPRETARE AND IN	Name and Title: Address:	
ame and Ti	INITIAL OFFICERS AND/OR DIRECTION IN THE INITIAL OFFICERS AND INTERPRETARE AND IN	Name and Title: Address: Name and Title:	
ame and Ti	itle: Hector R. Caif/President 1010 SW 22nd Street Miami, Florida 33129 tle: Lucia G. Caif/Vice President/Secretary	Name and Title: Address:	
ame and Ti	INITIAL OFFICERS AND/OR DIRECTION itle: Hector R. Caif/President 1010 SW 22nd Street Miami, Florida 33129 Lucia G. Caif/Vice President/Secretary 1010 SW 22nd Street Miami, Florida 33129	Name and Title: Address: Name and Title: Address:	
idress ame and Ti	INITIAL OFFICERS AND/OR DIRECTION itle: Hector R. Caif/President 1010 SW 22nd Street Miami, Florida 33129 Lucia G. Caif/Vice President/Secretary 1010 SW 22nd Street Miami, Florida 33129	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and Title:		Name and True:	
Address		Address:	
			,
Name and Title:		Name and Title:	
Address		Address:	
		·	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box N Patricia O Espinosa	OT acceptable) of the registered agent is:	
Name:	2950 SW 27 Avenue, 210		2022 SEL TA
Address:	Miami, Florida 33133		2022 JUN 22 SECREARA
	INCORPORATOR address of the Incorporator is:		N 22 PM 4: 38
Name:	Hector R. Caif		: 38
Address:	1010 SW 22nd Street		
	Miami, Florida 33129		
Effective date, i	FFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	
		ecific and cannot be more than five days po eet the applicable statutory filing requirements	
	ective date on the Department of St		s, this date will not be haved as the
Having been no certificate, I am	amed as registered agent to accept fumiliar with and accept the appoi	service of process for the above stated corporters as registered agent and agree to act in t	oration at the place designated in this capacity
(Pati	icia O Caputo Required Signature of R	19	5/9/22
	cument and affirm that the facts sta	ted herein are true. I am aware that any false i	i Dpie
	of State constitutes a third degree	elony as provided for in s.817.155, F.S.	, ,