

H230005331
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000159217 3)))



H230001592173ABC/

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Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
EW ASSOCIATION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	09
Estimated Charge	\$78.75

RECEIVED

2023 APR 28 PM 4:24

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 28 PM 3:32

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Corporate Filing Menu

Help

850-617-6381

4/27/2023 3:15:15 PM PAGE 1/001 Fax Server



April 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: THE ESPANOLA WAY ASSOCIATION INC
REF: W23000061332

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.

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 N01000005170.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

FAX Aud. #: B23000151305
Letter Number: 923A00009483

P.O BOX 6327 - Tallahassee, Florida 32314

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2023 APR 28 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FL

2nd attempt

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Wednesday, April 26, 2023 2:13 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20230426_131314_00006C21-0000.pdf

Create Time: 04/26/2023 12:33:07 PM

Schedule Time: 04/26/2023 01:13:14 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 4

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H23000151305 *2ND ATTEMPT

Max tries: 5

Try Interval: 600

Priority: 3

Pages: 6

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

FILED**2023 APR 28 PM 3:33****SECRETARY OF STATE
TALLAHASSEE, FL**

**2nd attempt; please honor original submission date of 4/24/23

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Monday, April 24, 2023 10:03 AM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20230424_090308_00006BE3-0000.pdf

Create Time: 04/24/2023 08:57:24 AM
Schedule Time: 04/24/2023 09:03:08 AM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H23000151305

Max tries: 5

Try interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

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2023 APR 28 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

H23000159217

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EW ASSOCIATION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SCOTT ROBINS
Name (Printed or typed)

230 5TH STREET
Address

MIAMI BEACH, FL 33139
City, State & Zip

305-674-0600
Daytime Telephone number

INFO@ROBINSCOMPANIES.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 28 PM 3:33

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H23000159217

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

ARTICLE I NAME

The name of the corporation shall be: EW ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>405 ESPANOLA WAY</u>	<u>C/O SRC PROPERTIES, LLC</u>
<u>MIAMI BEACH, FL 33139</u>	<u>230 5TH STREET</u>
	<u>MIAMI BEACH, FL 33139</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Association is an incorporated, not-for-profit corporation formed by the
owners and merchants of Espanola Way (the "Members" and each a "Member") for the purpose of managing all of the affairs of the
"Association Area" (defined as all streets, sidewalks and rights of way located on or abutting Espanola Way between Washington
Avenue and the first property west of Drexel Avenue including the corresponding uninterrupted side streets on Drexel Avenue and
Washington Avenue and adjacent to real property owned or occupied by any Member) including, without limitation: marketing and
public relations, event coordination, sanitation, safety, enforcement of all rules and regulations, and acting as the liaison
with all applicable governmental or quasi-governmental agencies.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SCOTT ROBINS, PRESIDENT, DIRECTOR</u>	Name and Title: <u>DAVID BERG, VICE PRESIDENT, DIRECTOR</u>
Address: <u>C/O SRC PROPERTIES, LLC</u>	Address: <u>C/O INFINITY REAL ESTATE, LLC</u>
<u>230 5TH STREET</u>	<u>1407 BROADWAY, 30TH FLOOR</u>
<u>MIAMI BEACH, FL 33139</u>	<u>NEW YORK, NY 10018</u>
Name and Title: <u>JOSHUA ROBINS, SECRETARY, DIRECTOR</u>	Name and Title: <u>ARI BURACK, TREASURER, DIRECTOR</u>
Address: <u>230 5TH STREET</u>	Address: <u>C/O INFINITY REAL ESTATE, LLC</u>
<u>MIAMI BEACH, FL 33139</u>	<u>1407 BROADWAY, 30TH FLOOR</u>
	<u>NEW YORK, NY 10018</u>
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FL
2023 APR 28 PM 3:33

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H23000159217

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: SRC PROPERTIES, LLCAddress: 230 5TH STREETMIAMI BEACH, FL 33139**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JOSHUA ROBINSAddress: 230 5TH STREETMIAMI BEACH, FL 33139**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

Required Signature of Registered Agent04-21-2023_____
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 Incorporator04-21-2023_____
Date

H23000159217