

N23000007611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

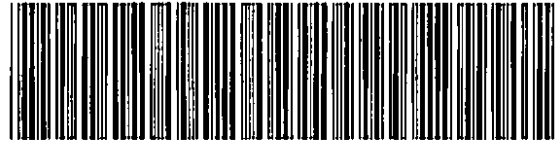
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 14 PM 4:10
JUN 14 2023
JUN 14 2023

COVER LETTER

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

SUBJECT: ALLISON ISLAND 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: STEVAN PARDO, ESQ.

Name (Printed or typed)

100 SE 2ND STREET, SUITE 2050

Address

MIAMI, FL 33131

City, State & Zip

(305) 358-1001

Daytime Telephone number

vmor@pardojackson.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ALLISON ISLAND ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6550 ALLISON ROAD

Mailing address, if different is:

MIAMI BEACH, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Homeowners Association

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated by the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cyril Matz, Director Name and Title: _____

Address: 6550 Allison Road Address: _____
Miami Beach, FL 33141

Name and Title: Corey Salter, Director Name and Title: _____

Address: 6470 Allison Road Address: _____
Miami Beach, FL 33141

Name and Title: Robert Franklin, Director Name and Title: _____

Address: 6530 Allison Road Address: _____
Miami Beach, FL 33141

2023
01:4:10

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: Stevan Pardo c/o Pardo Jackson Gainsburg, PL

Address: 100 SE 2nd Street, Suite 2050

Miami, FL 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stevan Pardo

Address: 100 SE 2nd Street, Suite 2050

Miami, FL 33131

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 Agent

6/7/23
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 Incorporator

6/7/23
Date

2023

PM

10

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2023

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Address _____ Address: _____

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Address _____ Address: _____

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6/7/23
Date

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