

N 23000009855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

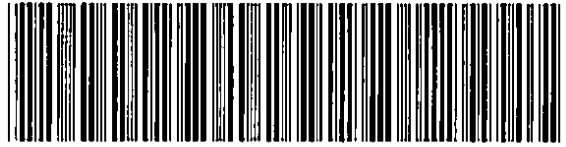
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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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INC

1. **TOWNHOMES OF DANIA RIVERFRONT ASSOCIATION, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: TOWNHOMES OF DANIA RIVERFRONT 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: BARI DRORIE
Name (Printed or typed)

3309 Islewood Avenue
Address

Weston, FL 33332
City, State & Zip

786-222-6972
Daytime Telephone number

bari@thetileempire.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: TOWNHOMES OF DANIA RIVERFRONT ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3309 Islewood Avenue

Weston, FL 33332

Mailing address, if different is:

3309 Islewood Avenue

Weston, FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Operation and Maintenance as per the HOA Declaration

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in tl

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bari Dore, President Name and Title: _____

Address: 3309 Islewood Avenue Address: _____

Weston, FL 33332

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023.01.11 PM 2:51

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: Bari Dore
Address: 3309 Islewood Avenue
Weston, FL 33332

ARTICLE VII INCORPORATOR

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

Name: Bari Dore
Address: 3309 Islewood Avenue
Weston, FL 33332

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

8/11/2023

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 Incorporator

8/11/2023

Date

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