Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
WLM PROPERTY OWNERSâ€™ ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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H25000001925 3

COVER LETTER

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

SUBJECT: WLM PROPERTY OWNERS' 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: FILE RIGHT LLC
Name (Printed or typed)

1425 37TH STREET, SUITE 201
Address

BROOKLYN, NY 11218
City, State & Zip

718-878-5811
Daytime Telephone number

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

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be: WLM PROPERTY OWNERS' ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
488 NE 18TH STREET UNIT 615	488 NE 18TH STREET UNIT 615
MIAMI, FL 33132	MIAMI, FL 33132

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: HOME OWNERS ASSOCIATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: IN THE BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK J. NUSSBAUM, President
Address: 225 BROADWAY - 36TH FL, NEW YORK, NY 10007

Name and Title: JONATHAN EINHORN, Vice President
Address: 488 NE 18TH STREET UNIT 615, MIAMI, FL 33132

Name and Title: NOHAM EINHORN, Secretary/Treasurer
Address: 690 SW FIRST CT, MIAMI, FL 33130

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

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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: JONATHAN EINHORN

Address: 488 NE 18TH STREET UNIT 615

MIAMI, FL 33132

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MARK FUCHS

Address: 1425 37TH STREET, SUITE 201

BROOKLYN, NY 11218

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.

/s/ Jonathan Einhorn — 01/02/2024

Required Signature of Registered Agent — 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.

/s Mark Fuchs — 01/02/2024

Required Signature of Incorporator — Date