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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
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FROM: CONTINENTAL STAMP &
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MIAMI, FLORIDA 33176-5929
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FAX: (305) 238-6422

((H98000002721)))

DOCUMENT TYPE: FLORIDA CORPORATION OR P.A.
NAME: GREENTREE CONDOMINIUM ASSOCIATION OF MIAMI, INC.
FAX AUDIT NUMBER: H98000002721

CURRENT STATUS: REQUESTED
DATE REQUESTED: 2-10-98
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ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GREENTREE CONDOMINIUM ASSOCIATION OF MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10700 S.W. 141 AVENUE
MIAMI, FLORIDA 33186

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

MANAGEMENT OF CONDOMINIUM ASSOCIATION

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

ELECTED BY OWNERS OF CONDOMINIUMS
AS STATED IN THE BI LAWS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

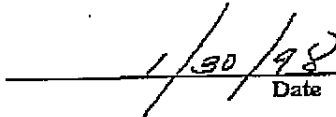
MAGALY VICTORES
10700 S.W. 141 AVENUE
MIAMI, FLORIDA 33186

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

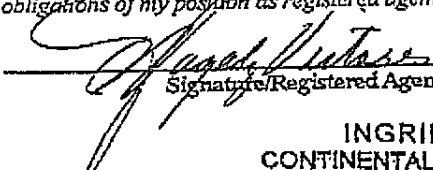
MAGALY VICTORES
10700 S.W. 141 AVENUE/MIAMI, FLORIDA 33186

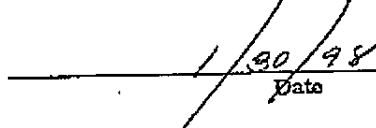

Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent


Date

INGRID ELLIS
CONTINENTAL STAMP & SEAL
8744 S. W. 133 STREET
MIAMI, FLORIDA 33176 - 5929
(305) 232 - 2226

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