

TRANSMITTAL LETTER

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

FILED
00 NOV -6 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 1000 SOUTH POINTE DRIVE #1002, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003453604--1
-11/06/00--01099--003
*****87.50 *****87.50

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: Robert Keith Gray
Name (Printed or typed)

4731 Pine Tree Drive
Address

Miami Beach, Florida 33140
City, State & Zip

(305) 538 1050
Daytime Telephone number

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

Robert K. Gray GAVE
AUTHORIZATION BY PHONE TO
CORRECT pt. I
DATE 11/6/00
DOC. EXAM Wendy Brown

D. BROWN NOV - 6 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

1000 SOUTH POINTE DRIVE #1002, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4731 PINE TREE DRIVE
MIAMI BEACH, FLORIDA 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ROBERT KEITH GRAY
4731 PINE TREE DR.
MIAMI BEACH, FLORIDA 33140

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ROBERT KEITH GRAY
4731 PINE TREE DR.
MIAMI BEACH, FLORIDA 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT KEITH GRAY
4731 PINE TREE DR.
MIAMI BEACH, FLORIDA 33140

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
00 NOV -6 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 Nov. 00
3 Nov. 00