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## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

## FLORIDA PROFIT CORPORATION OR P.A.

## ASOCIACION DE PROPIETARIOS DE HOTELES Y CONDOMINIOS

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF  
ASOCIACION DE PROPIETARIOS DE HOTELES Y CONDOMINIOS DE PLAYA  
DORADA, REPUBLICA DOMINICANA, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

ARTICLE I

The name of this corporation shall be:

ASOCIACION DE PROPIETARIOS DE HOTELES Y CONDOMINIOS DE PLAYA  
DORADA, REPUBLICA DOMINICANA, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

Name:

ASOCIACION DE PROPIETARIOS DE HOTELES Y CONDOMINIOS DE PLAYA  
DORADA, REPUBLICA DOMINICANA, INC.

Nora Giraldo  
4080 SW 84 Ave  
Miami, FL 33155  
(305) 485-9300

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**LILIAN ARVELO  
401 MIRACLE MILE SUITE # 402  
CORAL GABLES, FL 33134**

The principal office shall be:

**401 MIRACLE MILE SUITE # 402  
CORAL GABLES, FL 33134**

The stockholders for this corporation are:

**SUSANA MAWAD**

**100%**

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**ARTICLE VI**

The Initial Board of Directors shall consist of a total of TWO (2) person, and the name and address of the person who is to serve as an initial director is:

**LILIAN ARVELO**  
**401 MIRACLE MILE SUITE # 402**  
**CORAL GABLES, FL 33134**

**PRESIDENT**

**SUSANA MAWAD**  
**401 MIRACLE MILE SUITE # 402**  
**CORAL GABLES, FL 33134**

**VICEPRESIDENT**

The name and address of the incorporator executing these articles of incorporation

**LILIAN ARVELO**  
**401 MIRACLE MILE SUITE # 402**  
**CORAL GABLES, FL 33134**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 30 days of JANUARY, 2001

  
\_\_\_\_\_  
**LILIAN ARVELO**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office /registered agent, in the State of Florida.

1. The name of the corporation is:

**ASOCIACION DE PROPIETARIOS DE HOTELES Y CONDOMINIOS DE PLAYA  
DORADA, REPUBLICA DOMINICANA, INC.**

2. The name and address of the registered agent and office is:

**LILIAN ARVELO  
401 MIRACLE MILE SUITE # 402  
CORAL GABLES, FL 33134**

**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 AGREES 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



Dated: JANUARY 30, 2001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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