

P02000052851

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY -9 PM 6:35

SUBJECT: CASTLEROCK MANAGEMENT OF FLORIDA INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700005500567--5
-05/09/02--01050--023
*****87.50 *****87.50

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: MOSHE SHEMESH
Name (Printed or typed)

225 HOLIDAY DRIVE
Address

HALLANDALE, FL. 33009
City, State & Zip

954-558-5100
Daytime Telephone number

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

R. GRESSER

MAY 13 1999

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:

CASTLEROCK MANAGEMENT OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

225 HOLIDAY DRIVE

HALLANDALE, FL. 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION MANAGEMENT AND ANY OTHER BUSINESS ALLOWED IN FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MOSHE SHEMESH- PRES.

DAVID MUSKAT---V.P.

BRIAN WALLACE- SECR.

225 HOLIDAY DR.

485 HOLIDAY DR.

346 WASHINGTON ST.

HALLANDALE, FL. 33009

HALLANDALE, FL. 33009

BRAINTREE, MA. 02184

ARTICLE VI REGISTERED AGENT

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

MOSHE SHEMESH

225 HOLIDAY DR.

HALLANDALE, FL. 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MOSHE SHEMESH

225 HOLIDAY DR.

HALLANDALE, FL. 33009

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 STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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