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TRANSMITTAL LETTER

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

SUBJECT: CH	AMPLAIN TOWERS #9, IN	NC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation and	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	MELVYN KESSLER	e (Printed or typed)		· , , , ,
	12845 NW 45TH AVENUE Address			·
	OPA-LOCKA, FLORIDA 33054 City, State & Zip			
	(305) 687-9808	Telephone number	·····	·

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

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:

CHAMPLAIN #9, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12845 NW 45TH AVENUE OPA-LOCKA, FLORIDA 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Purchase, Manage, Lease, Sell, Buy, Rent, and in all other ways deal in Real Estate and Personal Property

ARTICLE IV SHARES

The number of shares of stock is: 50 shares no par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Melvyn Kessler 12845 NW 45th Ave. Opa-Locka, Florida 33054

ARTICLE VI REGISTERED AGENT

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

Melvyn Kessler 12845 NW 45th Ave Opa-Locka, Florida 33054

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Melvyn Kessler 12845 NW 45th Ave. Opa Locka, Florida 33054

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificates I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

4/1/03 Date

H Date