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TRANSMITTAL LETTER

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

SUBJECT: Cardin	nal Communities, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	(IDES(IFRIX)	
Enclosed are an or	iginal and one (I) copy of the artic	les of incorporation and	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 PPY REQUIRED	
FROM: _	Arthur Cohen	Printed or typed)		
	1694 Sabal Palm Drive	ddress		05
	Boca Raton, Fl 33432	State & Zip		AL SOLUTION OF JULY 20

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

Daytime Telephone number

561-394-3118

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
Cardinal Communities, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
1694 Sabal Palm Drive	
Boca Raton, FI 33432	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Multi-Family Housing	
ARTICLE IV SHARES	
The number of shares of stock is:	
500	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Arthur Cohen - President	
Connor Wilson - V. President Rachel Cohen - Secretary	9 A
Diane Cohen - Treasurer	05 JUL
ADTICLE UL DECICARDED ACESEA	- /5
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Arthur Cohen	9 30
1694 Sabal Palm Dr	3 = 3
Boca Raton, FI 33432	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Arthur Cohen	
1694 Sabai Palm Dr	
Boca Raton, FI 33432	-

Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	e designated in the
cerajicate, i an juntatury with that desept the appointment as registered agent and agree to act in this capacity	•
7/7/	05
Signature/Registered Agent Date	
[]-4// []-1/[
7/7/0	5
Signature/Incorporator Date	
•	