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SECRETARY OF STATE FLORIDA

D. WHITE MAY 23 2006

## TRANSMITTAL LETTER

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

*,*:

SUBJECT:	Lynnhawen Inn, Inc						
Enclosed is an original and o	ne (1) copy of the Certificate of Domestication and a check for:						
FEES:							
Certificate of Domestication \$50.00 Articles of Incorporation and Certified Copy \$78.75 Total to domesticate and file \$128.75							
OPTIONAL:	•						
Certificate of Status	\$ 8.75						
Costas Kambouropowlos							
Name (printed or typed)							
906 E Hallandale Beach Blvd							
Address							
Hallandale, Fl 33009							
City, State & Zip							
	954-454-8878						
Daytime Telephone Number							

# FILED

## CERTIFICATE OF DOMESTICATION

06 MAY 19 AM 8: 19

Th	e undersigned,	Costas Kambour	ropoulos	President	SECRETARY OF STATE			
	<u> </u>	(Name)		(Title)	TALLAHASSEE, FLORIDA			
of		ven Inn, Inc		a foreig	n corporation,			
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby certify:								
1.	The date on which o	corporation was first	formed was	May 30, 1991	_,,·			
2.	The jurisdiction who	ere the above named	corporation was	first formed, incorporated	, or otherwise			
	came into being wa	sVirgi	nia					
3.	The name of the cor	poration immediately	prior to the fili	ng of this Certificate of Do	omestication			
4.	4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to							
	s. 607.0202 and 607	.0401 with this certif	icate is <u>Lyn</u>	nhaven Inn, Inc				
5.	5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Florida							
	Attached are Florida to s. 607.1801.	articles of incorpora	tion to complete	the domestication require	ments pursuant			
l ar	m <u>President</u>	, of _Lynnhaven	Inn, Inc		<del></del>			
and	am authorized to sig	n this Certificate of I	Domestication o	n behalf of the corporation	and have done			
so t	his the $\frac{15}{}$ day of	Мау		,200	06			
	<del></del>	Cist 5 1/2						

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy

\$50.00 <u>\$78.75</u>

Total to domesticate and file

\$128.75

#### ARTICLES OF INCORPORATION

06 MAY 19 AM 8: 19

**OF** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### LYNNHAVEN INN, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

#### **ARTICLE I NAME**

The name of the corporation shall be:

#### LYNNHAVEN INN, INC

#### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be:

### 906 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009

#### ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

5,000 (FiveThousand)

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

COSTAS KAMBOUROPOULOS 906 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009

#### ARTICLE V OFFICERS AND/OR DIRECTORS

COSTAS KAMBOUROPOULOS, PRESIDENT/DIRECTOR FELIX KAMBOUROPOULOS, VP/DIRECTOR ANGELIQUE KAMBOUROPOULOS, S/T/DIRECTOR HARRIS KAMBOUROPOULOS, VP/DIRECTOR 906 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009

#### **ARTICLE VI INCORPORATORS**

The name and street address of the incorporators to these Articles of Incorporation are:

COSTAS KAMBOUROPOULOS 906 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009

The undersigned have executed these Articles of Incorporation this 15 Day of MAY , 2006

COSTAS KAMBOUROPOULOS

SECRETARY OF STATE

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT N THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT

COSTAS KAMBOURÓPOULOS

MAY 15, 2006

Date.

FILEU