## PO 7 00 00 72 777

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)  (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Stephane Harris GAVE
AUTHORIZATION BY PHONE TO COPRECT IV WhoreD DATE 6/22/07  DOC. EXAM VSP

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SECRETARY OF STATE TALLAHASSEE, FIGEROA

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## **COVER LETTER**

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

SUBJECT:	Lincoln	Mews	Home	ه س ۱۹۹۶	Ass.	Inc
	(PROPOSED	CORPORATE N.	AME – <u>MUST INCL</u>	UDE SUFFIX)		
	•					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee		Status 6	\$78.75 Filing Fee Certified Copy	Filing Fee, Certified C & Certifica Status  PY REQUIRI	te of	
FROM: Stephanie Haccis Lincoln Mews Homeowners Name (Printed or typed) Ass. anc.						
	1542	Lenox P	toe no		1	
	Miami	City, State	& Zip + F   -	PEIEE	SECRET SECRET ALLAHA	<b>)</b>
	305	Daytime Telepho	one number		ZUOT JUN 21 PM 2: 03 SECRETARY OF STATE VLLAHASSEE, FLORIDA	FILED

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:					
	The name of the corporation shall be: Lincoln Mews Homeowners Association and					
٠	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:					
	1525 Lenox Ave. Miami Beach FL. 33139					
	ARTICLE III PURPOSE					
	The purpose for which the corporation is organized is:					
	maintain broberth and inscrance					
	ARTICLE IV SHARES					
	ARTICLE IV SHARES The number of shares of stock is:					
	100					
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS					
	List name(s), address(es) and specific title(s):					
brez:	Stephanie Harris 1525 Lenox Hue no 1, MB FL 33130					
nicebias.	Tara Harris 1525 Lenor Are no 2 MB FL 33130					
secy Trea.	Tara Harris 1525 Lenor Are noz MB FL33131. Gordon Tillen 1525 Lenor Are no1 MB FL3313					
• • • • • • • • • • • • • • • • • • • •	ARTICLE VI REGISTERED AGENT					
	The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:					
	1525 Lenox Ave. no. 1 Stephanie Harris					
	MBFL. 33139					
	The name and address of the Incorporator is:					
	Stephanic Harris					
	NOI WB ET 33130					
	Having been named as registered agent to accept service of process for the above stated corporation at the place Hesignated in this					
	certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity					
	al PM					
	- C/20/07					
	Signature/Registered Agent Date Date					
	(1) al an Herrer					
	Signature Incorporator					