# Pl0000037045

(Requestor's Name)				
to the state of th				
(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:  Mr. Lipto GAVE  AUTHORIZATION BY PHONE TO  CORRECT OF Dring address  DATE 439/0  DOC. EXAM				





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04/28/10--01032--014 \*\*128.75

SECRETARY OF STATE





# **COVER LETTER**

Department of State Division of Corporati P.O. Box 6327	
Tallahassee, FL 3231	*
SUBJECT:	PLANTATION 5 HOLDING I
Enclosed is an original	and one (1) copy of the Certificate of Domestication and a check for:
FEES:	
	reporation \$ 50.00 reporation and Certified Copy \$ 78.75 reacted and file \$128.75
OPTIONAL:	
Certificate of S	tatus \$ 8.75
	PLANTATION 5 HOLDING, INC.
	Name (printed or typed)
PO BOX 1922	
	Address
	WINTER PARK, FLORIDA 32790
•	City, State & Zip
	954-801-0707
	Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

# **CERTIFICATE OF DOMESTICATION**

•					
Th	e undersigned,	EDWARD LIPTON ,	PRESIDENT, DIF	RECTOR ,	
	-	(Name)	(Title)		
of _		PLANTATION 5 HOLDING, INC.	a foreig	n corporation,	
in a	accordance with s.	(Corporation Name) 607.1801, Florida Statutes, does hereby	certify:		
1.	The date on which	corporation was first formed was	JANUARY 21,	, 2003 .	
2.	The jurisdiction w	here the above named corporation was f	irst formed, incorporated	l, or otherwise	
	came into being was DELAWARE .				
3.	The name of the c	orporation immediately prior to the filing	g of this Certificate of D	omestication	
	was PLANTATIC	N 5 HOLDING, INC.		·	
4.	The name of the co	orporation, as set forth in its articles of in	ncorporation, to be filed	pursuant to	
	s. 607.0202 and 607.0401 with this certificate is PLANTATION 5 HOLDING, INC.				
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 DELAWARE				
5.	Attached are Flori to s. 607.1801.	da articles of incorporation to complete t	he domestication require	ements pursuant	
ar	m PRESIDENT	Γ, of <u>PLANTATION 5 HOLDING,</u>	INC.		
and	am authorized to s	sign this Certificate of Domestication on	behalf of the corporation	n and have done	
	his the <u>26</u> day o	/		2010 .	
	_	(Authorized Signature	)	<b>d.</b> ~	
				10 APR 28 SECRETARY MLLAHASSE	
				ASS	
	C	Filing Fee: ertificate of Domestication	\$ 50.00		
		rticles of Incorporation and Certified (		PR 2	
		otal to domesticate and file	\$128.75	2: 5 OHE 2: 5	

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.



### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

10 APR 28 PM 2: 54

PLANTATION 5 HOLDING, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

PO BOX 1922

WINTER PARK, FLORIDA 32790

8 ISLA BAHIA DR FT. LAUDERDALE FL 33310

### <u>ARTICLE III PURPOSE</u>

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: ANY LAWFUL PURPOSE

### ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

Enille

### ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: EDWARD LIPTON, PRESIDENT, DIRECTOR

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: **EDWARD LIPTON** HULL

12399 SW 53RD STREET

SUITE 101

COOPER CITY FL 33330

### ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

EDWARD LIPTON

12399 SW 53RD STREET

SUITE 101

COOPER CITY FL 33330

Having been mamed as registered agent and 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. AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent Signature/Incorporator