

P11000013249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

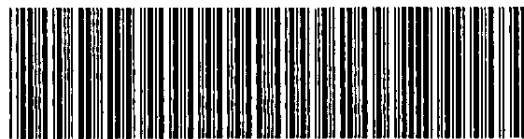
Cara Senna Rushing
AUTHORIZATION BY PHONE TO

CONTACT *LA*

DATE

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2/8/11

COVER LETTER

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

SUBJECT: Fountain Valley City, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Cara-Jenna Yablon, P.A.

Name (Printed or typed)

19950 W. Country Club Drive, Suite 900

Address

Aventura, FL 33180

City, State & Zip

305-466-1810

Daytime Telephone number

cyablon@cabicorp.com

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

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: Fountain Valley City, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
19950 W. Country Club Drive
Suite 900
Aventura, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful activity permitted under the laws of the United States and/or the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elias Amkie Levy, Pres.
Address: 19950 W. Country Club Drive
Suite 900
Aventura, FL 33180

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida ~~street address~~ (P.O. Box NOT acceptable) of the registered agent is:

Name: CARA-JENNA KRONENGOLD, P.A.
Address: 19950 W. Country Club Drive, Suite 900
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cara-Jenna Kronengold, Esq.
Address: 19950 W. Country Club Dr., Suite 900
Aventura, FL 33180

Having been named as registered agent 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

Required Signature/Registered Agent

1/26/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

1/26/2011
Date