

P11000032768

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

~~NON-PROFIT~~ ERWIN VIEW, INC.

Certificate of Status	0
Certified Copy	1
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Help

Handwritten signature and date 4/4/11

3/23/2011



March 29, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: NTH PROPERTIES, INC.
REF: W11000017689

Correction
New NAME
3-31-11

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000072212 (NTH PROPERTIES, LLC).

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

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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: ERWIN VIEW, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7830 SW 47 AVE.
MIAMI FL 33143
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 1,000 \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: NOODY J. Hector, Pres. Name and Title: _____
Address: 7830 SW 47 AVE. Address: _____
MIAMI FL 33143
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Peter B Cagle
Address: 2555 Ponce De Leon Blvd
Ste 320
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: Peter B Cagle
Address: 2555 Ponce De Leon Blvd
Ste 320
Coral Gables, FL 33134

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

Peter B Cagle 3/23/11
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.

Peter B Cagle 3/23/11
Required Signature/Incorporator Date

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