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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
Phone : (305)634-3694
Fax Number : (305)633-9696

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Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
BEACH CLUB 1404, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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(2)

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: BEACH CLUB 1404, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
3001 PONCE DE LEON BLVD.	3001 PONCE DE LEON BLVD.
SUITE 211	SUITE 211
CORAL GABLES, FLORIDA 33134	CORAL GABLES, FLORIDA 33134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

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ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BENITO JARAMILLO, D-P-S-T
Address: 3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES FL 33134

Name and Title:
Address:

Name and Title: MARIA DE LOURDES MOSCOSO, DIRECTOR
Address: 3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL. 33134

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: CORPORATE CREATIONS NETWORK, INC.
Address: 11380 PROSPERITY FARM ROAD #221-E
PALM BEACH GARDENS, FL 33410

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: BENITO JARAMILLO
Address: 3001 PONCE DE LEON BLVD. SUITE 211
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.

Steven Buchta, Vice President — Required Signature/Registered Agent — 7-13-11 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 — 7-8-11 Date

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