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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

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
STONEWOOD PROPERTY DEVELOPMENT, INC.

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

RECEIVED
11 DEC 15 PM 4:12
DIVISION OF CORPORATIONS
FILED
11 DEC 15 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME STONEWOOD PROPERTY DEVELOPMENT, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
20846 PINAR TRAIL
BOCA RATON, FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL ESTATE INVESTMENT

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS J. VIGNE
Address: 20846 PINAR TRAIL
BOCA RATON, FL 33433
PAP/ST/D

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: REINHARD G. STEPHAN, ESQ.
Address: 241 S. WESTMONTE DRIVE, #1010
ALTAMONTE SPRINGS, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: REINHARD G. STEPHAN, ESQ.
Address: 241 S. WESTMONTE DRIVE, #1010
ALTAMONTE SPRINGS, FL 32714

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

[Signature]
Required Signature/Registered Agent

12-14-11
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.

[Signature]
Required Signature/Incorporator

12-14-11
Date

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