Division of Corporations Electronic Filing Cover Sheet

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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 20201 HAMPTONS INC.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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3/5/2012

EMPIRE CORP KIT

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https://efile.sunbiz.org/scripts/efilcovr.exe PAGE 01/02

H 120000 5 8 LITZ SECRETARY OF STATE DIVISION OF CORPORATIONS

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

	20201 Hamptons Inc.	12 MAR -5
to name or me	corporation anali de;	
RTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	1290 Weston Road, Suite 201	· · · · · · · · · · · · · · · · · · ·
	Weston, FL 33326	
RTICLE III	PURPOSE	
he purpose for	which the corporation is organized is:	
o conduct	any lawful business and activity includin	ng ownership and leasing of Real Estate.
RTICLE IV	SHARES bares of stock is:100 shares, \$1.00 par value	ner share
	•	
	INITIAL OFFICERS AND/OR DIRECTOR	Name and Title:
Address:	1290 Weston Road, Suite 201	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Weston, Fl 33326	
		Name and Title:
Address:	1290 Weston Road, Suite 201	
	Weston, FL 33326	
Name and	Title	Name and Title:
Address:		Address:
11001770.		
	REGISTERED AGENT	
	Florids street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Sanford N. Reinhard	-
Address:	1290 Weston Road, Suite 201 Weston, FL 33326	<u>-</u> -
Deret is in	•	-
	Address of the Incorporator is:	
Name:	Sanford N. Reinhard	_
Address:	1290 Weston Road, Suite 201	
	Weston, FL 33326	_
lavine heen n	amed as registered went to accept service of process	s for the above stated corporation at the place designate
is certificate,	I am fundiar with and accept the appointment as reg	istered agent and agree to act in this capacity
		s11
/		3/2//2_
<u> </u>	Required Signature/Registered Agent	Date
submit this d	ocument and affirm that the facts stated heroin are	true. I am aware that the fulse information submitted
	Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
ocument to the	and the same of th	
ocument to the	127	36/2

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