

P12000046324

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12 MAY 16 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 05/17/12

COVER LETTER

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

SUBJECT: FULL TURN MANAGEMENT, 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: ROBERT SAKOWITZ, PRESIDENT

Name (Printed or typed)

12841 S CALUSA CLUB DR

Address

MIAMI, FL 33186

City, State & Zip

786-208-4579

Daytime Telephone number

RSAKOWITZ@YAHOO.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 FULL TURN MANAGEMENT, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
12841 S. CALUSA CLUB DR
MIAMI, FL 33186

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,000 COMMON SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT SAKOWITZ
Address: 12841 S. CALUSA CLUB DR
MIAMI, FL 33186

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: ROBERT SAKOWITZ
Address: 12841 S. CALUSA CLUB DR
MIAMI, FL 33186

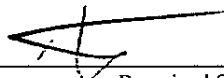
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT SAKOWITZ
Address: 12841 S. CALUSA CLUB DR
MIAMI, FL 33186

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TALLAHASSEE, FLORIDA

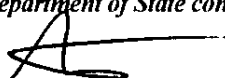
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/11/12
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

5/11/12
Date