

# P1200095703

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H12000273305 3)))



H120002733053ABCK

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*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 FORTY ASSET MANAGEMENT, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

112 NOV 16 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

112 NOV 16 AM 9:31

Electronic Filing Menu

Corporate Filing Menu

Help

PS 11/19/12

08/28/2030 05:39  
NOV-16-2012 15:03

FILED #0450 P.002/004  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 NOV 16 AM 9:31

H12000273305

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: FORTY-ASSET MANAGEMENT, INC

### ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

1950 N.W. 93 AVE  
DORAL, FL 33172

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL CASSEB  
1950 N.W. 93 AVE  
DORAL, FL 33172

H12000273305

09/28/2030 05:39  
NOV-16-2012 15:04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

#0450 P.003/004  
P.003

12 NOV 16 AM 9:31

H12000273305

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

PAUL CASSEB  
1950 N.W. 93 AVE  
DORAL, FL 33172

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

SILVIA REGINA FORTI BERNARDI (PRESIDENT)  
1950 N.W. 93 AVE DORAL, FL 33172  
SHADIA FORTI BERNARDI (DIRECTOR)  
1950 N.W. 93 AVE DORAL, FL 33172  
SAMIA FORTI BERNARDI (DIRECTOR)  
1950 N.W. 93 AVE DORAL, FL 33172  
PAUL CASSEB (SECRETARY)  
1950 N.W. 93 AVE DORAL, FL 33172

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 15 day of NOVEMBER 2012.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

H12000273305

09/28/2030 05:39  
NOV-16-2012 16:04

#0450 P.004/004  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 16 AM 9:31

H12000273305

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is: FORTY ASSET MANAGEMENT, INC

2. The name and address of the registered agent and office is:

PAUL CASSEB

(NAME)

1950 N.W. 93 AVE

(P.O. BOX NOT ACCEPTABLE)

DORAL, FL 33172

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 11/15/2012 \_\_\_\_\_

H12000273305