Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I2000000082

Phone : (305)871-0889

Fax Number : (305)870-9623

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FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH BEACH SURF CLUB, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

J. Shivers FEB 21 2013

COVER LETTER

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

SUBJECT: SOUTH BEACH SURI	F CLUB, INC.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
·	ADDITIONAL COPY REQUIRED
FROM: YANELLE M BARINAS	ne (Printed or typed)
5701 NW 36 ST	Address
MIAMI, FL 33166	, State & Zip
305-871-0889 Daytime	Telephone number
BARINASB@GMAIL.CO	OM ed 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)

<u> LRTICLE II Pl</u>	RINCIPAL OFFICE			
	Principal street address	Mailing a	ddress, if different is:	
	3 N MIAMI AVE APT 4			
NO	RTH MIAMI, FL 33127			_
				_
RTICLE III PL	TRPOSE th the corporation is organized is:			
ANY AND ALL	LAWFUL PURPOSES			
RTICLE IV SI				
RTICLE V II	<u> (TITAL OFFICERS AND/OR DIRECTO)</u> CHARLES D. NAHED, PVSTD	Nome and Title:		
Address:	2003 N MIAMI AVE APT 4			
VENTER 022*	NORTH MIAML FL 33127			_
		-		
Nome and Title				_
Name and Title		Name and Ittle:		
Magress,				
Name and Title		Name and Title		
Address:			•	
RTICLE VI RI	EGISTERED AGENT		\mathbb{R}_{2}	ىب زىن
	a street address (P.O. Box NOT acceptable) o	f the registered agent is:	20	الدرة الدور
Name:	CHARLES D. NAHED	_	- Tri	늉
Address:	2003 N MIAMI AVE APT 4	_	25	\sim
	NORTH MIAMI, FL 33127	_	∰ T	\supset
RTICLE VII IN	CORPORATOR			
e <u>name and addre</u>	ss of the Incorporator is:		5%	
Name:	CHARLES D. NAHED	_		;9
Address:	2003 N MIAMLAVE APT 4		<u>Ş</u> m	17
	NORTH MIAMI, FL 33127	_		
wing been named	as registered agent to accept service of proces	s for the above stated corp	oration at the place designa	ted in
s certificate, I pm f	amiliar with and accept the appointment as reg	ristored agent and agree to a	act in this capacity	,
MANU			02/19/13	
Į.	Required Signature/Registered Agent		Date	
ubmit this docume	nt and affirm that the facts stated herein are	true. I am aware that the	false information submitte	d in a
current to flig Depa	rtment of State constitutes a third degree felon	y as provided for in s.817.1	55, F.S.	q eri Ei
	10/11/21	- •	•	
1./Va/W	a rianus		02/19/13	
	Required Signature/Incorporator		Date	