

P14000006834

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORP USA
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
1201 HAMPTONS, INC.

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

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H14000024383

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

ARTICLE I NAME
The name of the corporation shall be: 1201 HAMPTONS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1290 Weston Rd.

#201

Weston, FL 33326

FILED
16 JAN 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to acquire real estate and conduct other lawful business activity in the state of Florida. The corporation is to have all the power as conferred by the laws of Florida on corporations

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adolfo Picciotto - President/Treasurer

Address: 20201 Country Club Dr.
Unit 1201
Aventura, FL 33180

Name and Title: Adolfo Picciotto - Director

Address: 20201 Country Club Dr.
Unit 1201
Aventura, FL 33180

Name and Title: Bella Chayo - Vice President/Secretary

Address: 20201 Country Club Dr.
Unit 1201
Aventura, FL 33180

Name and Title: Bella Chayo - Director

Address: 20201 Country Club Dr.
Unit 1201
Aventura, FL 33180

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sanford N. Reinhard

Address: 1290 Weston Rd., #201

Weston, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sanford N. Reinhard

Address: 1290 Weston Rd., #201

Weston, FL 33326

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

01/30/14

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

01/30/14

Date

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