

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
Island Hospitality Management V Inc.**

Certificate of Status	0
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9/23/14

**COVER LETTER**

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

**SUBJECT:** Island Hospitality Management V 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Cynthia L. Woolhester, Pa. C.F., Eckert Seamans Cherin & Mellon, LLC

Name (Printed or typed)

600 Grant Street, 44th Floor

Address

Pittsburgh, PA 15219

City, State & Zip

(412)566-6192

Daytime Telephone number

BBlachman@ib-corp.com

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 22 PM 1:13

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**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Island Hospitality Management V Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

50 Coconut Row, Suite 200, Palm Beach, FL 33480

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in and to do any lawful act concerning any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act, as amended, under the provisions of which this corporation is incorporated.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000 shares of Common Stock, \$1.00 par value per share, consisting of 9,000 shares of class A Voting Common Stock and 1,000 shares of Class B Non-voting Common Stock.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Roger Pollak, Sr. VP, Secretary &amp; Director</u>	Name and Title:	<u>Jeffrey Waldt, Sr. VP &amp; Director</u>
Address:	<u>50 Coconut Row, Suite 200 Palm Beach, FL 33480</u>	Address:	<u>50 Coconut Row, Suite 200 Palm Beach, FL 33480</u>

Name and Title:	<u>Barbara Bachman, VP, Treasurer &amp; Director</u>	Name and Title:	<u>Philip Cohen, Asst. Secretary &amp; Director</u>
Address:	<u>50 Coconut Row, Suite 200 Palm Beach, FL 33480</u>	Address:	<u>50 Coconut Row, Suite 200 Palm Beach, FL 33480</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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SECRETARY OF STATE (cont.)  
TALLAHASSEE, FLORIDA

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Cynthia L. Woolheater  
Address: 600 Grant Street, 44th Floor  
Pittsburgh, PA 15219

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

By: Maria T. Chambers Maria T. Chambers 09/22/2014  
Required Signature/Registered Agent Special Assistant Secretary 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.

Cynthia L. Woolheater 09/22/2014  
Required Signature/Incorporator Date  
Cynthia L. Woolheater, Incorporator