

P14000085331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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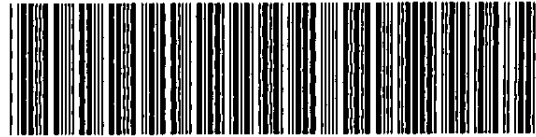
(Business Entity Name)

(Document Number)

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SECTION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/20/14

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DATE: 10/17/14

NAME: 520 CORAL WAY, INC.

TYPE OF FILING: ARTICLES

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TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

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ARTICLE I NAME
The name of the corporation shall be: 520 Coral Way, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

866 NE 20th Avenue
Fort Lauderdale, FL 33304

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: for any lawful purpose under the
Florida Business Corporations Act.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John E. O'Donnell, President
Address: 866 NE 20th Avenue
Fort Lauderdale, FL 33304

Name and Title: John E. O'Donnell, Secretary
Address: 866 NE 20th Avenue
Fort Lauderdale, FL 33304

Name and Title: John E. O'Donnell, Treasurer
Address: 866 NE 20th Avenue
Fort Lauderdale, FL 33304

Name and Title: John E. O'Donnell, Director
Address: 866 NE 20th Avenue
Fort Lauderdale, FL 33304

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

(cont.)

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: NRAI Services, Inc.
Address: 1200 S. Pine Island Road, Ste 250
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joshua L. Celeste, Esq.
Address: One Financial Plaza, Ste 1800
Providence, RI 02903

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

William L. De Napoli William L. De Napoli, Asst. Secty.
Required Signature/Registered Agent

10-16-14
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.

[Signature]
Required Signature/Incorporator

10-16-14
Date

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TALLAHASSEE, FL 32304