

07/16/2033 05:10

#7214 P.001/003

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

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

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****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
IMAGINATION CONDO III CORP.**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:Imagination CONDO III CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9300 SW 136 St.Miami, FL 33176**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) JOSHUA M SCHWITZER_____

_____SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:


JOSHUA M. SCHWITZER9300 SW 136 St.Miami, FL 33176**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOSHUA M. SCHWITZER9300 SW 136 St.Miami, FL 33176

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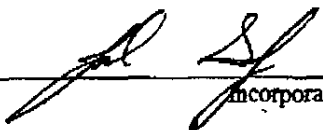
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Required Signatures:

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

 _____ 9/3/15
Registered Agent 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.

 _____ 9/3/15
Incorporator Date

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