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To:			196	
	Division of Cor	porations	111	3
,	Fax <b>Number</b>	: (850)617-6381	y j	5
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From:				ì
	Account Name	: LAZARUS CORPORATE FILING SERVICE,	INC.	T
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	Phone	: (305)552-5973		
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	er the (	Fax Number  From:  Account Name Account Number Phone Fax Number  er the email address fo	Account Name : LAZARUS CORPORATE FILING SERVICE, Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944  er the email address for this business entity to be used for	Fax Number : (850)617-6381  From:  Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : I20000000019 Phone : (305)552-5973

## FLORIDA PROFIT/NON PROFIT CORPORATION IMAGINATION CONDO I CORP.

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

SEP - 8 2015

S. CILBERT

## ARTICLES OF INCORPORATION W15000214476

ARTICLE I	<b>NAME:</b> The name of the corporation is	s:

	ARTICLE II PRINCIPAL OFFICE:	٠,
,	The principal street address and mailing address is:	
	9300 ≤W 136 St.	
	MIAMI, FL 33176	
	·	
ART	ICLE III SHARES: The number of shares of stock is:	1
•	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	j je
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	£. 1
)_	JOSHUA M. SCHWITZER -	4,00
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	TICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	
	name and Florida street address (PO Box not acceptable) of the registered ag	
	name and Florida street address (PO Box not acceptable) of the registered ag	
	name and Florida street address (PO Box not acceptable) of the registered age  TO SHUA M. SCHWITZER  9300 SW 136 ST.	
	name and Florida street address (PO Box not acceptable) of the registered ag  505HUA M SCHWITZER  9300 SW 136 ST.	
The	name and Florida street address (PO Box not acceptable) of the registered age  TO SHUA M. SCHWITZER  9300 SW 136 ST.	ent
The	name and Florida street address (PO Box not acceptable) of the registered age  TO SHUA M SCHWITZER  9300 SW 136 ST.  MIAMI, FL 33176	ent

## 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

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.

Incorporator

Date