

Florida Department of
Division of Corporations
Secretary of State

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15 SEP -4 PM 3:43

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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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 II CORP.**

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

SEP -4 8 2015

S. GILBERT

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:IMAGINATION CONDO II 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**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


15 SEP -4 PM 12:12

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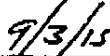
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Required Signatures:

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



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

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