

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

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

**\*\*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**

**Amelia HE, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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JAN 03 2018

T. SCOTT

**COVER LETTER**

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

**SUBJECT:** Amelia HE, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:**

Ariel Weissberg

Name (Printed or typed)

401 South LaSalle Street, Suite 403

Address

Chicago, Illinois, 60605

City, State & Zip

312-663-0004

Daytime Telephone number

ariel@weissberglaw.com

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

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: Amelin HE, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address401 S. LaSalle, suite 403  
Chicago, Illinois 60605

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: operate any business that is  
lawful in the State of Florida, including related  
to the management or consulting in the hospitality  
industry**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Calin Parnescu President Name and Title:Address: 401 S. LaSalle S. 403 Address:Chicago, IL 60605Name and Title: Robert Folor Secretary Name and Title:Address: 401 S. LaSalle, S. 403 Address:Chicago, Illinois 60605

Name and Title: Name and Title:

Address: Address:

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: Ariel Weissberg  
Address: 401 S. LaSalle, Suite 403  
Chicago, IL 60605

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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: C T Corporation System Jennifer Quinn, Asst Secretary & VP  
Required Signature/Registered Agent

12/24/2017  
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.*

Ariel Weissberg  
Required Signature/Incorporator

12-29-17  
Date