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Division of Corporations of 2

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6331

From:  
Account Name : AKERMAN LLP - ORLANDO  
Account Number : 076656002425  
Phone : (407) 423-4000  
Fax Number : (407) 843-6610

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Email Address: Scott.Frue@akerman.com

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FLORIDA PROFIT/NON PROFIT CORPORATION

Rembrandt Real Estate Solutions GP, Inc.

Certificate of Status	0
Certified Copy	0
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**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: Rembrandt Real Estate Solutions GP, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6001 Broken Sound Parkway, Office of the Building  
Boca Raton, FL 33487

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transacting any and all business for which corporations may be  
formed under Chapter 607 of the Florida Statutes, as amended from time to time.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Peter Veres, Director / President

Name and Title: Marla Veres, Vice President

Address 6001 Broken Sound Parkway  
Office of the Building  
Boca Raton, FL 33487

Address: 6001 Broken Sound Parkway  
Office of the Building  
Boca Raton, FL 33487

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alice Durand  
 Address: 6001 Broken Sound Parkway, Office of the Bldg  
 Boca Raton, FL 33487

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Scott M. Price, Akerman LLP  
 Address: P.O. Box 231  
 Orlando, Florida 32801

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: Alice W. Durand 6/1/18  
 Required Signature/Registered Agent Date

Alice Durand

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.

\_\_\_\_\_  
Required Signature/Incorporator\_\_\_\_\_  
Date

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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: Alice Durand  
 Address: 6001 Broken Sound Parkway, Office of the Bldg  
 Boca Raton, FL 33487

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Scott M. Price, Akerman LLP  
 Address: P.O. Box 231  
 Orlando, Florida 32801

**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: \_\_\_\_\_ Required Signature/Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Alice Durand

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.

\_\_\_\_\_  
 Required Signature/Incorporator  
 5/31/18  
 Date

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