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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I20160000081
Phone : (407)839-4277
Fax Number : (407)839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Bjaffe@centennialmgt.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Earlington West, Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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MAR 29 2019

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: Earlington West, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

7735 NW 146th Street, Suite 306

Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lewis V. Sivezy, President

Name and Title: _____

Address 7735 NW 146th Street, Suite 306

Address: _____

Miami Lakes, FL 33016

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Lewis V. Swezy
Address: 7735 NW 146th Street, Suite 306
Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lewis V. Swezy
Address: 7735 NW 146th Street, Suite 306
Miami Lakes, FL 33016

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.

Required Signature/Registered Agent

3-27-19

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.

Required Signature/Incorporator

3-27-19

Date