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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 : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2019 JUN 31 PM 4:01

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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

Blink Kendall Market Place Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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2019 JUL 31 PM 1:35

COVER LETTER

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

Blink Kendall Market Place Inc.

SUBJECT: _____**(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:** Ivy M. Shapiro_____
Name (Printed or typed)

c/o Blank Rome LLP - One Logan Square, 3rd Floor

Address

Philadelphia, PA 19103

City, State & Zip

215-569-5784

Daytime Telephone number

tracy.hughey@equinox.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: Blink Kendall Market Place Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

386 Park Avenue South, 11th Floor

New York, NY 10016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ownership and operation of fitness facility

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

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SECRETARY OF STATE
FLORIDA

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: Vcorp Services, LLC
 Address: 5011 South State Road 7, Suite 106
 Davie, FL 33314

ARTICLE VII INCORPORATORThe name and address of the Incorporator is: _____

Name: Ivy M. Shapiro
 Address: One Logan Square, 3rd Floor
 Philadelphia, PA 19103

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 STATE
 TALLAHASSEE, FL

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: *Ivy M. Shapiro* 7/31/2019
 Required Signature/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.

Ivy M. Shapiro July 31, 2019
 Required Signature/Incorporator Date