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(((H21000462293 3)))



To:				***************************************	*******************************	Art man
10.	Division of Corporations					
	Fax Number			381		
			` ,			•
From:						
	Account Name	:	BLUMBERG/EX	KCELSIOR COR	PORATE SERVI	CES, INC
	Account Numbe	er:	0753500003	53		
	Phone	:	(800)221-29	972		
	Fax Number	:	(917)243-58	343		
*Enter	the email addre	acc f	or this hu	cinece entit	v to be used	for future
	nual report mai				•	

FLORIDA PROFIT/NON PROFIT CORPORATION Erne Buildings Inc

Certificate of Status	0
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Help

T. SCOTT

ARTICLES OF INCORPORATION

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

The name of the corporati				
<u> ARTICLE II PRINÇ</u>	IPAL OFFICE Principal <u>street</u> address	Mailing a	Mailing address, if different is:	
415 Julia Street				
Key West, Fl 33040				
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is: <u>CCA</u>	estate renta	15	
		<u> </u>		
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS JOSEPH DONAGHER, DIRECTOR	Name and Title:		
Address	415 JULIA STREET	_ Address:		
	KEY WEST, FL 33040			
N. Fried			,	
Address				
			22 N	
Name and Title:		Name and Title:		
Address		Address:		
		<u> </u>	-	
			. <u>.</u>	

Name and Title:		Name and Title:		
Address		Address:		
		-		
	GISTERED AGENT ida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	JOSEPH DONAGHER			
Address:	415 JULIA STREET			
_	KEY WEST, FL 33040	_		
ARRIOTETE CO.				
ARTICLE VII IN				
The name and addr	ess of the Incorporator is:			
Name:	STEPHAN MONEREAU	_		
Address:	100 WALL STREET, STE 503	~		
	NEW YORK, NY 10005	_		
ARTICLE VIII EXERCISE Effective date, if oth (If an effective date filing.)	FFECTIVE DATE: ter than the date of filing: tis listed, the date must be specific and cannot	. (OPTIONAL) of the more than five days price	or or 90 days after the	
Note: If the date insthe document's effect	serted in this block does not meet the applicable stive date on the Department of State's records.	stanitory filing requirements,	this date will not be listed as	
certificate, I am fami	as registered agent to accept service of process fi iliar with and accept the appointment as register	ed agent and agree to act in thi	at the place designated in this 's capacity	
	Required Signature/Registered Agent		12/16/2021	
3	Required Signature/Registered Agent		Date	
I submit this documed document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon	true. I am aware that the fals v as provided for in s.817,155, I	e information submitted in a F.S.	
			12/16/2021	
Required Signature/I	ncorporator	Date	-	