

TRANSMITTAL  
P9500013759  
Date 2/3/95

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: RESIDENTIAL & RESORT ASSOCIATES, INC.  
(name of corporation)

100001408241  
-02/16/95--01085--016  
\*\*\*\*122.50 \*\*\*\*122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Martin Price  
(individual's name)

FILED  
95 FEB 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RESIDENTIAL & RESORT ASSOCIATES, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION

12700 BISCAYNE BLVD #200		
MIAMI, FL 33181		
PHONE		
(305)	895-6525	—
Area Code	Number	Ext.

T. BROWN FEB 17 1995

## ARTICLES OF INCORPORATION

of

RESIDENTIAL & RESORT ASSOCIATES, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

RESIDENTIAL & RESORT ASSOCIATES, INC.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME <u>MARTIN PRICE</u>		
ADDRESS <u>329 POINCIANA ISL. DR.</u>		
CITY <u>N. MIAMI BCH.</u>	FLORIDA	ZIP <u>33160</u>

The principal office, if known, or the mailing address of the corporation is:

NAME <u>C/O CSRC LAND SERVICES</u>		
ADDRESS <u>12700 BISCAYNE BLVD. SUITE 200</u>		
CITY <u>N. MIAMI</u>	FLORIDA	ZIP <u>33181</u>

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME <u>MARTIN PRICE</u>		
ADDRESS <u>329 POINCIANA ISL. DR.</u>		
CITY <u>N. MIAMI BCH.</u>	STATE <u>FL.</u>	ZIP <u>33160</u>
NAME <u>SUZANNE PRICE</u>		
ADDRESS <u>329 POINCIANA ISL. DR.</u>		
CITY <u>N. MIAMI BCH.</u>	STATE <u>FL.</u>	ZIP <u>33160</u>
NAME <u>PETER PRICE</u>		
ADDRESS <u>329 POINCIANA ISL. DR.</u>		
CITY <u>N. MIAMI BCH.</u>	STATE <u>FL.</u>	ZIP <u>33160</u>

FILED  
95 FEB 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME <u>MARTIN PRICE</u>			
ADDRESS <u>329 POINCIANA ISL. DR.</u>			
CITY <u>N. MIAMI BCH.</u>	STATE <u>FL.</u>	ZIP <u>33160</u>	
NAME <u>SUZANNE PRICE</u>			
ADDRESS <u>329 POINCIANA ISL. DR.</u>			
CITY <u>N. MIAMI BCH.</u>	STATE <u>FL.</u>	ZIP <u>33160</u>	
NAME <u>PETER PRICE</u>			
ADDRESS <u>329 POINCIANA ISL. DR.</u>			
CITY <u>N. MIAMI BCH.</u>	STATE <u>FL.</u>	ZIP <u>33160</u>	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 13<sup>TH</sup> day of FEBRUARY, 1995.

Suzanne Price (Seal)  
Martin Price (Seal)  
Peter Price (Seal)

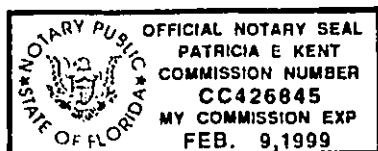
STATE OF FLORIDA )  
COUNTY OF DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Suzanne Price</u> Signature	<u>DRIVERS LIC</u> Form of Identification
<u>Martin Price</u> Signature	<u>DRIVERS LIC</u> Form of Identification
<u>Peter Price</u> Signature	<u>DRIVERS LIC</u> Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these Articles of Incorporation, that I relied upon the form S of identification of the above named person S as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 13<sup>th</sup> day of FEBRUARY, 1995.

Patricia E Kent  
Notary Signature  
PATRICIA E KENT  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT  
OF**

**FILED**  
95 FEB 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RESIDENTIAL & RESORT ASSOCIATES, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 329 POINCIANA ISL. DR.  
N. MIAMI BCH., FL. 33160

has named MARTIN PRICE  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Martin Price  
(registered agent)