

1101 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9071
1-800-342-8086

800-342-8086

CSC networks
PROFESSIONAL
LEGAL & FINANCIAL SERVICES

P9500027282

ACCOUNT NO. : 0721000000032

REFERENCE : 572006 0343A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 70.00

ORDER DATE : April 5, 1995

ORDER TIME : 3:11 PM

ORDER NO. : 372006

CUSTOMER NO: 0343A

CUSTOMER: Benjamin Schiff, Esq
BENJAMIN SCHIFF, ESQ

490 S.w. 101st Terrace
Plantation, FL 33324

600001418466

DOMESTIC FILING

NAME: FLORIDA HOME FINDERS REALTY,
INC.

XXXX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

T. BROWN APR - 6 1995

FILED
95 APR - 5 14 10 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
FLORIDA HOME FINDERS REALTY, INC.

FILED
95 APR -5 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

FLORIDA HOME FINDERS REALTY, INC.

The address of the principal office of this corporation shall be 1648 Southeast Port St. Lucie Boulevard, Port St. Lucie, Florida 34952, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000 shares of common stock having \$.01 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on April 5, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: 
Its Agent, Karen B. Rozar

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

FILED
95 APR -5 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Karen B. Rozar

Its Agent, Karen B. Rozar

KBR/kbr

P95000027282

BENJAMIN SCHIFF
Attorney At Law
400 SOUTHWEST 101st TERRACE
PLANTATION, FLORIDA 33324

(City, State, Zip)

(Phone #)

10000014000051
-05/15/95--01017--000
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

5/19

JB

Examiner's Initials

Date Filed _____

STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1308, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: ELIADA LEMEL FINANCIAL REALTY, INC.
HP 95000027282

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

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95 MAY 12 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

BENJAMIN SCHIEF

6950 CYPRESS ROAD, SUITE 207

PLANTATION, FL 33317

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

BENJAMIN SCHIEF

(Typed or printed name and title)

Signature

(President or Vice President)

Date

5/10/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name BENJAMIN SCHIEF

Signature

(Agent)

Date

5/10/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000027282

1. Corporation Name

FLORIDA HOME FINDERS REALTY, INC.

Principal Place of Business

1648 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address

1648 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952



REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1995

5. FET Number

65-0570314

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	Dennis Basile & James S. Theriac III as Joint Successor Receivers	1648 SE Port St. Lucie Blvd.	Port St. Lucie, FL 34952

800001974588--6
-10/15/96--01166--012
****375.00 ****375.00

9/10/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHIFF & SCHIFF
XX 1648 SE PORT ST. LUCIE BLVD. XX
XX PORT ST. LUCIE, FL 34952 XX

Name
Dennis Basile & James S. Theriac II
Street Address (P. O. Box Number is Not Acceptable)
1648 SE Port St. Lucie Blvd.
Suite, Apt. #, Etc.
City
Port St. Lucie
State
FL
Zip Code
34952

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dennis Basile
as receiver
REGISTERED AGENT MUST SIGN

Date 9/26/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Dennis Basile
as receiver

SIGNATURE: Dennis Basile, as Receiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96 (407) 337-0998
Date Daytime Phone #