

P950000 \$6756

(F) STEVE HOPKINS  
DAVE CAPITAL CORP  
18000 BISCAYNE BLVD  
N MIAMI FL 33181  
(305)945-6444

(City, State, Zip)

(Phone #)

800001479673  
-05/08/95--01157--011  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. Waterways Property Management, Inc.  
(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

95 MAY -8 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01157

for 5/10

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
WATERWAYS PROPERTY MANAGEMENT, INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS WATERWAYS PROPERTY MANAGEMENT, INC.

ARTICLE TWO

THE PERIOD OF ITS DURATION IS PERPETUAL.

ARTICLE THREE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA CORPORATIONS ACT.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS 500 OF NO PAR VALUE.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE BUSINESS UNTIL IT HAS RECEIVED FOR THE ISSUANCE OF SHARES CONSIDERATIONS OF THE VALUE OF \$ 1,000.00 CONSISTING OF MONEY, LABOR DONE OR PROPERTY ACTUALLY RECEIVED.

ARTICLE SIX

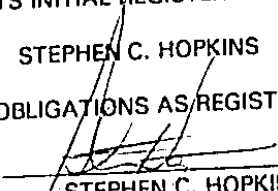
THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE ALSO THE PRINCIPAL AND MAILING ADDRESS IS:

13499 BISCAYNE BOULEVARD, 18TH FLOOR  
MIAMI, FL 33181

AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS

STEPHEN C. HOPKINS

WHO ACCEPTS ALL OBLIGATIONS AS REGISTERED AGENT.

  
STEPHEN C. HOPKINS

SECRET  
TALLAHASSEE, FLORIDA

95 MAY -8 AM 9:07

95 MAY -8 AM 9:07

ARTICLE SEVEN

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS 1, AND THE NAMES AND ADDRESSES OF THE PERSON OR PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF THE SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED ARE:

STEPHEN C. HOPKINS  
13499 BISCAYNE BOULEVARD, 18TH FLOOR  
MIAMI, FL. 33181

ARTICLE EIGHT

THE BOARD OF DIRECTORS IS EMPOWERED TO MAKE, ALTER OR REPEAL THE BYLAWS OF THE CORPORATION WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUTE.


ARTICLE NINE

THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

STEPHEN C. HOPKINS  
13499 BISCAYNE BOULEVARD, 18TH FLOOR  
MIAMI, FL 33181

ARTICLE TEN

THE POWERS OF THE INCORPORATORS CEASE UPON FILLING OF THE ARTICLES OF INCORPORATION.

  
STEPHEN C. HOPKINS

STATE OF FLORIDA)

Iss

COUNTY OF DADE )

SWORN AND SUBSCRIBED TO AND BEFORE ME THIS 5 DAY OF May, 1995

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

95 MAY -8 AM 9:07  
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1996  
P95000036756

1. Corporation Name

WATERWAYS PROPERTY MANAGEMENT, INC.

Principal Place of Business

13400 BISCAYNE BLVD., 18TH FLOOR  
MIAMI FL 33181

Mailing Address

13400 BISCAYNE BLVD., 18TH FLOOR  
MIAMI FL 33181

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

2. New Principal Office Address, if Applicable

State, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

State, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1985

5. FEI Number

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 Officers  
and/or Directors

3. Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4. City / State / Zip

D

HOPKINS, STEPHEN C

13400 BISCAYNE BLVD., 18TH FLOOR

MIAMI FL 33181

300001979543-9  
-10/18/96--01025--023  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

HOPKINS, STEPHEN C  
13400 BISCAYNE BLVD., 18TH FLOOR  
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

9/23/96

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen C Hopkins

Date

9/23/96 305-945-4444

Daytime Phone #