# P95000046640

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

Re:	MICHIGAN MANOR APAR'IY	IENTS, INC.	, Inc.	
	(name of corp	poration)	<b>:=#06/12/95-</b> - +###122.50	510859 01040016 ****122.50
Gentlemen:				
Enclosed please find the camount of \$122,50.	original and one copy of Articl	es of Incorporation, tog	jether with my check in the	: 'ति ः ()
This represents the cost Registered Agent Design	of the Filing Fees, Certified nation for the above named	Copy of Articles of I corporation.	ncorporation and Fee for	
		y truly yours,		(3) (12) (12) (12) (12) (12) (12) (12) (12
				(C)
		Charles A. Vale	carce-Stuart	_
		(individua	l's name)	
			APARIMENTS, INC.	
	Г	MAILING ADDRESS	OF CORPORATION ———	]
		Charles A. Valc	arce-Stuart	
		1825 Ponce De L	eon # 115	
		Coral Gables, F		
		( ) Area Code No	umber Ext.	



# ARTICLES OF INCORPORATION

•	11/11/2 13/247 271 1/1		, ,
	of MICHIGAN MANOR A	APARTMENTS, INC.	(1) ( ),
B	(name of co	rporation)	
The undersigned subscriber(s) to the corporation under the laws of the		ion, natural person(s) competent	to contract, hereby form a
	ARTICLE 1 - COR	PORATE NAME	<del>ده</del> در
The name of the corporation is:	MICHIGAN MANOR A	APARTMENTS, INC.	
	ARTICLE II -		
This corporation shall exist perpet	tually unless dissolved ac-	cording to Florida law.	
	ARTICLE III -	PURPOSE	
The corporation is organized for th United States and the State of Flo		any activities or business permit	ted under the laws of the
	ARTICLE IV - CA	PITAL STOCK	
The corporation is authorized to iss	ale Ten Thousan	d shares ( 10,009 of	one class
Dollar(s) (\$ 1.00			
		ERED OFFICE AND AGENT	
The principal office, if known, or			
	<del></del> -		
NAME Charles A. Valc	arce-Stuart-		
	eon Blvd. # 11	5	
crry Coral Gables		FLORIDA	ZIP 33134
The name and street address of the	ie Initial Registered Age	nt of this Corporation is:	
NAME Rosaura S. Valc	arce-Stuart		·
	eon Blvd. # 115		
CTTY Coral Gables		FLORIDA	ZIP 33134
<del></del>	to time by the By-Laws,	DARD OF DIRECTORS  lirectors initially. The number of but shall never be less than on	f directors may be either
NAME Charles A. Valca	rce-Stuart		
<del></del>	on Blvd. # 115		
CTIY Coral Gables		STATE Florida	ZIP 33134
NAME		32 111 1 14	ZIP 33134
	· · · · · · · · · · · · · · · · · · ·		
ADDRESS	<del></del>		
CTIY		STATE	ZIP

NAME ADDRESS

STATE

ZIP

### ARTICLE VII - INCORPORATORS

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

NAME Chartes A. Valcarco		
ADDRESS 1825 Ponce De Leon Blvd.	# 115	
CHY Coral Gables	STATE F1.	ZIP 33134
NAME		-
ADDRESS		
CUL	STATE	ZIP
NAME		2.11
ADDRESS	**************************************	
CITY	STATT!	*****
		Zip
IN WITNESS WHEREOF, the undersigned subse	criber(s) have executed these Articles of Inc	orporation this 8
day of JUNE , 1995.		
		_ (
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		Con
		- CBC
	Caref. Rill	O 6/8/55 5
STATE OF FLORIDA	O. Veza	- 40/13/1 S
	) SS	8
COUNTY OF DADE	)	
before me, a Notary Public authorized to take ack appeared:	knowledgments in the State and County set	forth above, personally
In fellow street	U.S. A. PASS Por	<del></del>
Signature	Form of Identification	on
	· · · · · · · · · · · · · · · · · · ·	
Signature	Form of Identification	n
Signature	Form of Identification	n
Signature  snown to me and known to be the person(s) who execut that H E executed these Articles of Inc	Form of Identification  ted the foregoing Articles of Incorporation, who	n O acknowledged before
Signature  nown to me and known to be the person(s) who execute that HE executed these Articles of Incamed person as indicated opposite each name, and	Form of Identification ted the foregoing Articles of Incorporation, who corporation, that I relied upon the form of identification that an oath (was)(was not) taken.  Witness my hand and official seal in the County	n o acknowledged before antification of the above and State last aforesaid
Signature  shown to me and known to be the person(s) who execut that f executed these Articles of Inc amed person as indicated opposite each name, an  OARTAUBIERTORICA  Notary STATE OF FLORIDA	Form of Identification ted the foregoing Articles of Incorporation, who corporation, that I relied upon the form of identification that I relied upon the form of identification that an oath (was)(was not) taken.	n o acknowledged before intification of the above
Signature  snown to me and known to be the person(s) who execute the person and incident of the person as indicated opposite each name, and the person as indicated opposite each name, and the person of the person	Form of Identification ted the foregoing Articles of Incorporation, who corporation, that I relied upon the form of identification that an oath (was)(was not) taken.  Witness my hand and official seal in the County	n o acknowledged before antification of the above and State last aforesaid

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

MICHIGAN MANOR APARTMENTS, 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 1825 Ponce De Leon # 115

Coral Gables, Florida 33134

has named Rosaura S. Valcarce-Stuart
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.

(registered agent)

FAS-T CORPORATE AGENTS P. 001 10/23/95 10:40 то•павл•от PLEASE ENTER YOUR PASSWORD. CHĀRGED, FLORIDA DIVISION OF CORPORATIONS 3:31 PM 10/20/95 PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET CCCH98000011707))) FROM: FAG-T CORP. AGENTS, INC. TO: DIVISION OF CORPORATIONS DEPARTMENT OF STATE 8405 NW SERD BT SUITE C-100 STATE OF FLORIDA MIAMI FL 33166-400 EAST GAINES STREET Ø2-FERNANDEZ CONTACT: LIDIA TALLAHABBEE, FL 32399 PHONE: (305) 599-0839 FAX: (305) 592-9591 FAX: (904) 922-4000 DOCUMENT TYPE: BASIC AMENDMENT (((H950000011787))) NAME: MICHIGAN MANOR APARTMENTS, INC. CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H95000011787 TIME REQUESTED: 15:31:16 DATE REQUESTED: 10/20/1995 CERTIFICATE OF STATUS: 1 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 2 ACCOUNT NUMBER: 071001002335 ESTIMATED CHARGE: \$43.75 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H950000011787))) \*\* ENTER 'M' FOR MENU. \*\*

FLORIDA DIVISION OF CORPORATIONS

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## ARTICLES OF AMENDMENT

H95000011787

## TO AKIICLES OF INCORPORATION

FILED.

95 00T 23 AHH: 26

OF

TALLARAM CORROR MICHIGAN MANOR APARTMENTS, INC.

(prosent name)

Pursuant to the provisions of section 607.1006. Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST:

Amendment(s) adopted: (indicôte anicle number(s) being amended, added or deleted)

Article I

The name of the corporation is:

8 & 62 Corporation Profit Sharing Plan & Trust, Inc.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THI	RD:	The date of each amendment's adoption:	10/19/95	<del></del> .
FO	URTH:	Adoption of Amendment(s) (check one)		
K	The a	mendment(s) was/were approved by the shar for the amendment(s) was/were sufficient for	eholders. The nu approval,	imber of votes
	The a	mendment(s) was/were approved by the share	cholders through	voting groups.
		The following statement must be separately voting group entitled to vote separately on		
		*The number of votes cast for the amenda		
		(voting group)		
	The a	imendment(s) was/were adopted by the boar holder action and shareholder action was no	d of directors wit t required.	hout

The amendment(s) was/were adopted by the incorporators without shareholder

Prepared by: Charles A. Valcarce-Stuard 1825 Ponce de Leon Blvd., Suite 115 Coral Gables. FL 33134

(305) 649-9280

action and shareholder action was not required.

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Signed this 19 day of Octobee , 19 95	
Signature (By the Chairman or Mon Chairmant of the Board of Directors, President or other officer if adopted by the shareholders)	

OR

(By a director if adopted by the directors)

RQ

(By an incorporator if adopted by the incorporators)

Charles A. VALGARCE-Stonet Typed or printed name

Title

Chairman of the Bourd or Directors