

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0120 FAX

800-342-8086



ACCOUNT NO. : 72100000032

REFERENCE : 840157 4320025

AUTHORIZATION : *Patricia Pizitz*

COST LIMIT : \$ 70.00

ORDER DATE : February 8, 1996

ORDER TIME : 2:56 PM

ORDER NO. : 840157

500001711845

CUSTOMER NO: 4320025

CUSTOMER: Ms. Lourdes C. Cambo
PACKMAN, NEUWAHL & ROSENBERG

1500 San Remo Avenue
Suite 125
Coral Gables, FL 33146

DOMESTIC FILING

NAME: FALLS REALTY, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

EXAMINER'S INITIALS:

T. BROWN FEB 12 1996

FILED
96 FEB -9 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
96 FEB -9 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
FALLS REALTY, INC.

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:

FALLS REALTY, INC.

The address of the principal office of this corporation shall be 9795 South Dixie Highway, Miami, Florida 33156, 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 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1500 San Remo Avenue, Suite 125 Coral Gables, Florida 33146, and the name of the initial registered agent of the corporation at that address is Atrium Registered Agents, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Alvin Brown
Dir.

9795 South Dixie Highway
Miami, Florida 33156

Evelyn Brown
Dir.

Same

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Alvin Brown Pres.	9795 South Dixie Highway Miami, Florida 33156
Evelyn Brown Sec.	Same

ARTICLE VII. INCORPORATOR

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on February 8, 1996.

CORPORATION SERVICE COMPANY

By:


Its Agent, Laura R. Dunlap

ACG/kbr

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 807.0801 or 817.0801, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the corporation is: FALLS REALTY, INC.

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
(Name)

1500 San Remo Avenue, Suite 125
(P.O. Box or Mail Drop Box NOT acceptable)

Coral Gables, FL 33146
(City/State/Zip)

*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 relating to the proper and complete per-
formance of my duties, and I am familiar with and accept the obligations of my posi-
tion as registered agent.*

ATRIUM REGISTERED AGENTS, INC.

BY: Robert A. Stamen
(Signature)

ROBERT A. STAMEN, Vice President

2-9-96
(Date)

FILED
96 FEB -9 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

996000012940

Section 215.25, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued and such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.25, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: FALL REALTY INC EIN or SS#: _____

Address: 1811 SW 17 ST
BOCA RATON FL 33486

Amount: \$385.00 Date Paid 07/17/97

Reason for claim: Overpayment of Annual Report Fees
996000012940 4/8/97

Certified true and correct this 22nd day of Sept, 19 97.

Signature Alvin L. Brown, President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$	<u>385.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>9795303</u> dated <u>07/17/97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Sanitary Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this	____ day of _____, 19 ____
Department of State, Division of Corporations	(Agency)
	(Authorized Signature and Title)