# P98000107246

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

400002722564--4 -12/24/98--01097--002 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

To whom it may concern:

Please find enclosed the following items pertaining to the incorporation of *Touch of Europe Property*, *Inc.*:

- Original and one copy of the Articles of Incorporation for Touch of Europe Property, Inc.
- Original and one copy of Certificate of Designation of Registered Agent and Registered Office Touch of Europe Property, Inc.
- A certified check, money order or personal check, payable to the Florida Dept. of State Div of Corporations in the amount of \$70.00 for
  - □ Filing fees (\$35.00)
  - Certificate of Designation of Registered Agent and Registered Office (\$35.00)

Please return the enclosed duplicate copy of the Article of Incorporation and the Certificate of Designation of Registered Agent with your seal indicating that these items were filed.

Please send your responses or receipts concerning this filing to:

Touch of Europe Property, Inc. c/o Doris Szczepkowski 3701 N Country Club Drive #1609
Aventura, FL 33180

Thank you for your attention to this matter.

Very truly yours,

Doris Szczepkowski

#### Articles of Incorporation of

#### Touch of Europe Property, Inc.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these Articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1 - Name

The name of the corporation is:

Touch of Europe Property, Inc.

Article 2 - Address

The principal place of business and mailing address of this corporation is:

730 W. Hallandale Beach Blvd. Hallandale, FL 33009

Article 3 - Shares of Stock

The corporation is authorized to issue one class of stock, that being 10,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4 - Registered Agent

The name and address of the

Doris Szczepkowski

corporation's initial registered agent is:

3701 N Country Club Drive #1609

Aventura, FL 33180

**Article 5 - Incorporator** 

The name and street address of the incorporator of this corporation is:

Doris Szczepkowski

3701 N Country Club Drive #1609

Aventura, FL 33180

**Article 6 - Director Liability** 

No director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

**Article 6 – Nature of Activities** 

The corporation shall provide services in the area of Property Management.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true and that the incorporator is at least eighteen years of age.

Name of Incorporator: Doris Szczepkowski

ate: 12/18/98

Signature of Incorporator:

Date. 12/10/90

730 W. Hallandale Beach Blvd. Hallandale, FL 33009

## Certificate of Designation of Registered Office and Registered Agent for

### Touch of Europe Property, Inc.

Pursuant to Chapter 607.0501 of the Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

The name and address of the corporation's initial registered agent and registered office is:

Name:

Doris Szczepkowski

**Street Address:** 

3701 N Country Club Drive #1609

Aventura, FL 33180

Having been named as the 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent:

Date of signature:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA