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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATIO
Account Number : 075410001634
Phone : (305)442-4994
Fax Number : (305)442-2389

FLORIDA PROFIT CORPORATION OR P.A.

Fort Knox Associates, Inc.

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ARTICLES OF INCORPORATION
FOR
FORT KNOX ASSOCIATES, INC.

I, the undersigned, do hereby execute, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the laws of the State of Florida.

ARTICLE I

The name of the corporation shall be FORT KNOX ASSOCIATES, INC.

The address of the principal office of this corporation is c/o 4362 North Lake Boulevard, Suite 217, Palm Beach Gardens, FL 33410 and the mailing address shall be the same.

ARTICLE II

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, territory or nation.

ARTICLE III

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 par value per share.

ARTICLE IV

This corporation shall have perpetual existence, commencing on the subscription and acknowledgment of these Articles, except that in the event the Articles are not filed with the Secretary of State within five (5) days, exclusive of legal holidays, after subscription and acknowledgment hereof, corporate existence shall begin on the date that these Articles are filed with the Secretary of State.

This instrument was prepared by:
Neale J. Poller, Esquire
Camner, Lipsitz and Poller, P.A.
550 Biltmore Way - Suite 700
Coral Gables, FL 33134
Florida Bar No. 120329

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ARTICLE V

The street address of the initial registered office of the corporation shall be: 550 Biltmore Way, Suite 700, Coral Gables, Florida 33134, and the name of the initial registered agent of the corporation at the address is Neale J. Poller.

ARTICLE VI

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 one (1) Director, initially. The name and street address of the member(s) of the Board of Director is:

Director

Jules S. Minker
4362 North Lake Boulevard - Suite 217
Palm Beach Gardens, Florida 33410

ARTICLE VII

The names and address of the initial directors of the corporation who shall hold office for one (1) year, or until their successors are duly elected and qualify, shall be.

President

Jules S. Minker
4362 North Lake Boulevard - Suite 217
Palm Beach Gardens, Florida 33410

ARTICLE VIII

The name and address of the incorporator of the corporation is : Neale J. Poller, 550 Biltmore Way, Suite 500, Coral Gables, Florida 33134.

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ARTICLE IX

This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

ARTICLE X

These Articles of Incorporation may be amended in the manner authorized by law at the time of amendment.

IN WITNESS WHEREOF, I, NEALE J. POLLER, being the Incorporator and Registered Agent of FORT KNOX ASSOCIATES, INC., make and file these Articles of Incorporation. Having been named as Registered Agent and to accept service of process for FORT KNOX ASSOCIATES, INC. at the place designated in these Articles of Incorporation, 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 this 28th day of July, 1999.

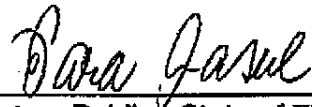

NEALE J. POLLER, Incorporator
and Registered Agent

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 28th day of July, 1999 by NEALE J. POLLER, who is personally known to me or who has produced a valid driver's license as identification.

My Commission Expires:




Notary Public - State of Florida
Printed Name: Dara Rasul
Commission No.: _____

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