

P99000085235

TRANSMITTAL LETTER

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

300002995293-1  
-09/23/99-01072-006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: AK Management Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Adam Klayman  
Name (Printed or typed)

250 Hwy. A1A N.  
Address

Ponte Vedra FL, 32082  
City, State & Zip

904 273 8620  
Daytime Telephone number

FILED  
1999 SEP 23 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.


## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: AK Management + Inc.
2. The principal place of business and mailing address of the corporation is: 250 Highway A1A N. Ponte Vedra FL 32082
3. The corporation shall have the authority to issue 1,000 shares of stock.
4. The registered agent of the corporation is Adam H. Klayman and the registered street address is 250 Highway A1A N. Ponte Vedra, Florida 32082.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Adam H. Klayman  
250 highway A1A N.  
Ponte Vedra FL 32082

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.


6. The incorporator of this corporation is Adam H Klayman whose street address is 250 Highway A1A North Ponte Vedra FL 32082

Dated 9/22/99

  
Incorporator

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

Dated 9/22/99

  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA