

N22000007050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

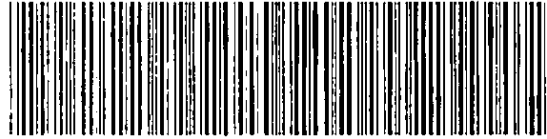
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 27 PM 12:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2022 JUN 22 PM 4:38

STATE OF FLORIDA
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/27 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING INC _____

1. 1010 AT THE ROADS CONDOMINIUM ASSOCIATION, INC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2022

Corrected

CORPORATE ACCESS

SUBJECT: 1010 AT THE ROADS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: W22000071058

We have received your document for 1010 AT THE ROADS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The manner of election the information is not complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00012201

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ALLAHASSEY, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: 1010 AT THE ROADS CONDOMINIUM ASSOCIATION, INC.

2022 JUN 22 PM 4:38

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1010 SW 22ND STREET

SECRETARY OF STATE
TALLAHASSEE, FL
Mailing address, if different is:

MIAMI, FLORIDA 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful activities of a condominium association.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector R. Caif/President Name and Title: _____

Address 1010 SW 22nd Street Address: _____
Miami, Florida 33129

Name and Title: Lucia G. Caif/Vice President/Secretary Name and Title: _____

Address 1010 SW 22nd Street Address: _____
Miami, Florida 33129

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia O Espinosa
Address: 2950 SW 27 Avenue, 210
Miami, Florida 33133

FILED
2022 JUN 22 PM 4:38
STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector R. Caif
Address: 1010 SW 22nd Street
Miami, Florida 33129

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Patricia O Espinosa
Required Signature of Registered Agent

5/9/22
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature of Incorporator

5/9/22
Date