

P3000041865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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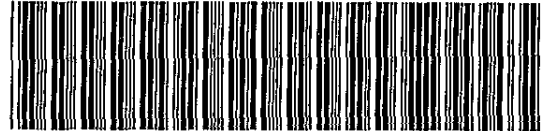
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -9 AM 8:47

4-15-03

## TRANSMITTAL LETTER

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

SUBJECT: SO. FLORIDA REAL ESTATE INVESTMENT GROUP, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ANILYN LOREDO  
Name (Printed or typed)

250 CATALUNYA AVE. SUITE 504  
Address

CORAL GABLES, FL 33134  
City, State & Zip

(305) 798-4054  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

SO. FLORIDA REAL ESTATE INVESTMENT GROUP, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

250 CATALONIA AVENUE - SUITE 504  
CORAL GABLES, FL 33134

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE BROKERAGE

### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES - EQUALLY DIVIDED BY THREE (3)

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ANILYN LOREDO (PRESIDENT) 250 CATALONIA AVE - #504  
EMILIO M. LERMA (TREASURER) CORAL GABLES, FL 33134  
RENE IGLESIAS (VICE-PRESIDENT) " "

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TABITHA SAVAGE  
16110 SW 97th CT.  
MIAMI, FL 33157

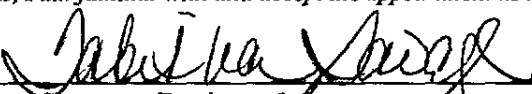
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANILYN LOREDO  
250 CATALONIA AVE #504  
CORAL GABLES, FL 33134

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator  
ANILYN LOREDO

4/4/03  
\_\_\_\_\_  
Date

4/4/03  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS  
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