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| (Rec | questor's Name) | | | |
|---|-----------------|--|--|--|
| (Add | tress) | ······································ | | |
| (Adc | Iress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Sunny Florida Propertie | es, Inc. |
|--|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED |
| | |
| FROM: Alla Aizenberg | (Printed or typed) |
| 2015 Tree Farm Ct | Address |
| Buffalo Grove IL 60089 City, | State & Zip |
| 847-778-8000 Daytime To | elephone number |
| allaaizenberg@yahoo.co | m |

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 II | PRINCIPAL OFFICE | | | | |
|--------------------------------|--|---------------------------------|------------------------------------|--|--|
| • | Principal street address | | address, if different is: | | |
| 251 174th Street Suite 1703 | | | 2015 Tree Farm Ct. | | |
| | | .Buffalo_Grove, | Buffalo Grove, IL 60089 | | |
| S | Sunny Isles, FL 33160 | | | | |
| ARTICLE III | PURPOSE | | | | |
| | hich the corporation is organized is: | | | | |
| Real Estate B | Brokerage | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ARTICLE IV | | | | | |
| The number of share | res of stock is:1000 | | | | |
| ARTICIE V | INITIAL OFFICERS AND/OR DIRECT | OPS | | | |
| | itle:Alla Aizenberg President | | | | |
| Address: | 2015 Tree Farm ct | Address: | | | |
| | Buffalo Grove IL 60089 | | Autoria . | | |
| | | | 51.20 | | |
| N.T 1700 | (1 O) M.H. I B' I | N. 1 mai | | | |
| Name and 1: Address: | itle:Oleg Moldavsky Director | Name and Title: | | | |
| Address: | 2023 Olive Hill Dr Buffalo Grove IL 60089 | Address: | | | |
| | Bullato Glove IL 60069 | | 37 3 0 | | |
| | | | | | |
| Name and Ti | tle: | Name and Title: | | | |
| Address: | | Address: | With N | | |
| . | ·- · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| ARTICLE VI | REGISTERED AGENT | | | | |
| | rida street address (P.O. Box NOT acceptable |) of the registered agent is: | | | |
| Name: | Alla Aizenberg | | | | |
| Address: | 251 174th Street Suite 1703 | | | | |
| | Sunny Isles, FL 33160 | | | | |
| ARTICLE VII | INCORPORATOR | | | | |
| | Iress of the Incorporator is: | | | | |
| Name: | Alla Aizenberg | | | | |
| Address: | 2015 Tree Farm Ct | | | | |
| | Buffalo Grove IL 60089 | | | | |
| | | | | | |
| | ed as registered agent to accept service of pro- | | | | |
| tnis certificate, i ai | n familiar with and accept the appointment as | registered agent and agree to t | act in this capacity | | |
| | | | 04/04/0044 | | |
| | | | 01/21/2011 | | |
| ~ · | Required Signature/Registered Agent | | Date | | |
| ALIA | 412ENBERG | | | | |
| ALLA | | aro truo I am awaro that the | i talso information culmitted in i | | |
| | ment and affirm that the facts stated herein o | | | | |
| | | | | | |
| | ment and affirm that the facts stated herein o | | | | |