

P16 ~~0000~~ 45966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

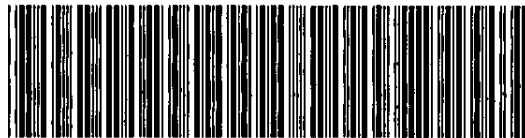
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/25/16--01045--002 **70.00

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TALLAHASSEE, FLORIDA
16 MAY 19 PM 2:30

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2016

SANDRA GEWIRTZ
9511 COLLINS AVENUE, STE.310
SURFSIDE, FL 33154

SUBJECT: REAL ESTATE CHOICES INC.
Ref. Number: W16000031883

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We have received your document for REAL ESTATE CHOICES 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):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 616A00008972

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Real Estate Choics 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: Sandra Gewirtz
Name (Printed or typed)
9511 Collins Ave. Suite 310
Address
Surfside, FL 33154
City, State & Zip
305-866-3128
Daytime Telephone number
gewirtz@atlanticbb.net
E-mail address: (to be used for future annual report notification)

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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: Real Estate Choices Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
9511 Collins Ave. #310 _____
Surfside FL 33154 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
Consultants to Real Estate Owners and Developers

ARTICLE IV SHARES 2
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Abraham Gewirtz President</u>	Name and Title: _____
Address: <u>9511 Collins Ave #310</u>	Address: <u>Surfside FL 33154</u>
_____	_____
_____	_____
Name and Title: <u>Sandra Gewirtz</u>	Name and Title: _____
Address: <u>9511 Collins Ave #310</u>	Address: <u>Surfside FL 33154</u>
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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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: Sandra Gewirtz
 Address: 9511 Collins Ave #310
Surfside FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ~~Real Estate Choices Inc.~~ SANDRA GEWIRTZ
 Address: 9511 Collins Ave #310
Surfside FL 33154

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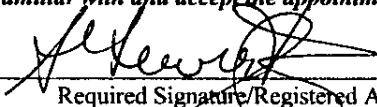
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 18, 2016 (OPTIONAL)

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

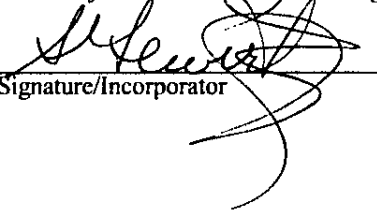
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/18/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

04/18/16
Date