TRANSMITTAL LETTER

P01000017381

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

L00003705831——5 -02/15/01—01070—002 ******78.75 ******78.75

SUBJECT:	BJECT: Seasons Properties Inc. (Proposed corporate name - must include suffix)		
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the articles \$78.75 Filing Fee & Certificate of Status	图\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Name (Pr	thal CPA PA inted or typed)	

Coral Springs, FL 33065

City, State & Zip

(954) 752-4013

Daytime Telephone number

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

Address



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. OT FIRE IS PAR 3 20

ARTICLE I

The name of the corporation shall be:

Seasons Properties Inc.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5698 SW 103rd Ave. 33328 Cooper City, FL

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ALAN ROSENTHA , C.P.A., P.A. 330: NIVERISTY DRI'E, SUITE 305 CHALSPRINGS, L 33065

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carlos J. Leon 5698 SW 103rd Ave

33328

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent