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(Requestor's Name)

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(City/State/Zip/Phone #)

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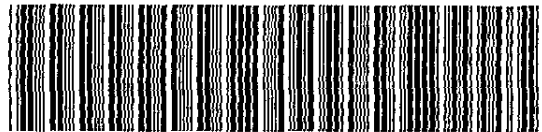
(Business Entity Name)

(Document Number)

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05 OCT 19 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. 8.10-2

COVER LETTER

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

SUBJECT: Emerald Coast Real Estate Investors Association 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:

Arlene Cal

Name (Printed or typed)

267 Laird Dr

Address

Freeport FL 32439

City, State & Zip

(850) 236 7651

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:

Emerald Coast Real Estate Investors Association Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

267 Laird Dr Freeport FL 32439

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit Assoc. for Real Estate Investors

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Arlene Cal - President - 267 Laird Dr Freeport FL 32439
Don Roberts - Vice President - PO Box 2416 Santa Rosa Bch FL 32459

ARTICLE VI REGISTERED AGENT

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

Arlene Cal - 267 Laird Dr Freeport FL 32439

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arlene Cal - 267 Laird Dr Freeport FL 32439

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

Arlene Cal

Signature/Registered Agent

Arlene Cal

Signature/Incorporator

10-15-05

Date

10-15-05

Date

FILED
05 OCT 19 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA