

FEB/08/2013/

11:27 AM

FAX No.

P. 001

2/8/13

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Phone : (305) 444-4994

Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION REEF'S EDGE SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
13 FEB - 8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB - 8 AM 9:06

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEReefs Edge Services, Inc
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address
104 Gardenia Street
Tavernier, FL 33070

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
Construction**ARTICLE IV SHARES**

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Jedrael Acevedo, President
Address: 104 Gardenia Street
Tavernier, FL 33070Name and Title:
Address:Name and Title:
Address:Name and Title:
Address:Name and Title:
Address:Name and Title:
Address:**ARTICLE VI REGISTERED AGENT**

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

Name: Jedrael Acevedo
Address: 2692 SW 137 Avenue
Miami, FL 33175**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jedrael Acevedo
Address: 2692 SW 137 Avenue
Miami, FL 33175

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

01/30/13

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

01/30/13

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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