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(Requestor's Name)					
(Address)					
(Ac	ddress)				
(Cit	ty/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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02/28/14--01017--008 **87.50

SEGRET OF CORPORATIONS 27

COVER LETTER

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

SUBJECT: GREENFIELD HOMES & INVESTMENTS, 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 \$78.75 \$87.50

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

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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)

	NCIPAL OFFICE Principal street address ALLS DRIVE	SAME	ailing address, if different is	s:
POLLO BEA	ACH, FL 33572-3139			
TICLE III PUR purpose for which t	POSE he corporation is organized is: LISTING,	SELLING AND	LEASING OF REAL	ESTAT
,				
				DA FEE
TICLE IV SHA	RES stock is:			14 FEB 28
	RES stock is: 2000	<u>s</u>		14 FEB 28 AM 10: 2
	TIAL OFFICERS AND/OR DIRECTOR	S Name and Title:		14 FEB 28 AM ID: 27
TICLE V INT	TIAL OFFICERS AND/OR DIRECTOR	_		14 FEB 28 AH 10: 27
TICLE V INT	TIAL OFFICERS AND/OR DIRECTOR RENATE B GREENFIELD, BROKER/PRESIDENT	Name and Title:		14 FEB 28 AH 10: 27
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR RENATE B GREENFIELD, BROKER/PRESIDENT 436 CEDAR FALLS DR	Name and Title: Address:		AH 10: 27
Name and Title Address	RENATE B GREENFIELD, BROKER/PRESIDENT 436 CEDAR FALLS DR APOLLO BEACH, FL 33572-3139	Name and Title: Address: Name and Title:		MH 10: 27
Name and Title Address Name and Title:	RENATE B GREENFIELD, BROKER/PRESIDENT 436 CEDAR FALLS DR APOLLO BEACH, FL 33572-3139	Name and Title: Address: Name and Title:		AH 10: 27
Name and Title Address Name and Title: Address	RENATE B GREENFIELD, BROKER/PRESIDENT 436 CEDAR FALLS DR APOLLO BEACH, FL 33572-3139	Name and Title: Address: Name and Title: Address:		AH 10: 27

Address: 436 CEDAR FALLS DROVE APOLLO BEACH, FL 33572-3139 Having been named as registered agent to accept service of process for the above stated corporation at the place design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address		Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: RENATE B GREENFIELD 436 CEDAR FALLS DRIVE APOLLO BEACH, FL 33572-3139 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: RENATE B GREENFIELD 436 CEDAR FALLS DROVE Address: APOLLO BEACH, FL 33572-3139 Having been named as registered agent to accept service of process for the above stated corporation at the place design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submits document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
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Nenate S. Use Died 02/26/2014	Kenate &	S. Compiled		02/26/2014
Required Signature/Incorporator Date	1 11000 1	Required Signature/Incorporator	······································	Date

Name and Title:

Name and Title:___