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(City/State/Zip/Phone #)

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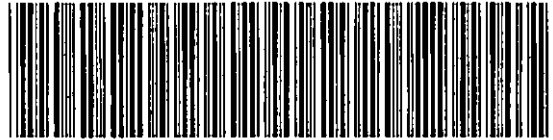
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SECRETARY-OF-STATE
TALLAHASSEE, FLORIDA

2016 APR 10 PM 1:26

FILED

COVER LETTER

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

SUBJECT: RESA Broward Chapter, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Orlando Reyes

Name (Printed or typed)

3205 SW 15th Ave Apt. A

Address

Ft. Lauderdale, FL 33315

City, State & Zip

754-202-4433

Daytime Telephone number

Orlando@thehomestagingguy.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: RESA Broward Chapter, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3205 SW 15th Ave Apt. A

Ft. Lauderdale, FL 33315

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our chapter's purposes are to provide educational & networking opportunities to the local real estate community & our members, and to provide educational information to consumers through meetings, trade events & seminars.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orlando Reyes, President

Address: 3205 SW 15th Ave Apt. A
Ft. Lauderdale, FL 33315

Name and Title: Carol Clark, President Elect

Address: 16362 Malibu Dr. 12311 NW 10th Dr.
Weston, FL 33326 Coral Springs FL
33071

Name and Title: Sarah Wake Davies, Secretary

Address: 13418 SW 23rd St.
Miramar, FL 33027

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32310

2018 APR 10 PM 1:26

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Orlando Reyes
Address: 3205 SW 15th Ave Apt. A
Ft. Lauderdale, FL 33315

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Orlando Reyes
Address: 3205 SW 15th Ave Apt. A
Ft. Lauderdale, FL 33315

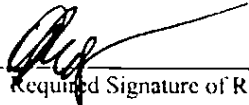
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

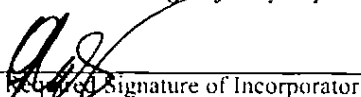


Required Signature of Registered Agent

4/5/18

Date

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

4/5/18

Date