## P0/12/2012/237/4

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

SUBJECT: RE	FROPERTIES (PROPOSED CORPORA)	FACILITA; TE NAME – MUST INCLI	OR INC DE SUFFIX) 20000379 -03/02/01- *****87.5	5622—-2 -01040009
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: SHARON SEISEN  Name (Printed or typed)				
POBOX 130465 Address				
	Tampa_City, S	Flonida State & Zip	<u>3</u> 3681	
	\$/3 - 4/ Daytime Te	6- 8284 lephone number	<del></del>	. TA: 0

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

Q+ 3/2/07/

FILED ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REPROPERTIES FACILITATOR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

POBOX 130468 TAMPA FTOKENA 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE REAL ESTATE SERVICES AND PROVIDE FINANCIAL BERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHALES OF STOCK

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SHARON SEIDEN

4101 3KB AUC N.

ST. Petersburg FloriDA 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON SEIDEN

POBOX 130468

TAMPAFIONEDA 33681

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

 $\frac{2/21/01}{\text{Date}}$