Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: 8000004468868 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED CORRECT CODE SHOULD

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)	FILED
ARTICLE I NAME The name of the corporation shall be: JOSEPH A MTRI P.A.	OI JUL II PMI2: 19 * SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: YOU WEKNA SPEINES RD STE LONG WOOD, 4L 32119 ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL ZSTATE	241
ARTICLE IV SHARES The number of shares of stock is: OOSUARES ARTICLE V INITIAL OFFICERS/DIRECTORS (options) The name(s) and address(es):	<u>al)</u>
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: JOSEPH A MITRI 114 SPRINGWOOD CIRCLE LONGWOOD AC 32750 ARTICLE VII INCORPORATOR	-
The name and address of the Incorporator is: JOSEPH A MITRI ILLY SPRINGWOOD CIRCLE ***********************************	
Having been named as registered agent to accept service of process for the above s certificate, I am familiar with and accept the appointment as registered agent and a	tated corporation at the place designated in this gree to act in this capacity 7-9-0/
Signature/Registered Agent Signature/Incorporator	Date 7- 9- 0/ Date