## POLOCIO 92021

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

SUBJECT: (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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED P. O. Bo X Daytime Telephone number

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

Ps 9/20/01/

## ARTICLES OF INCORPORATION

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

FILED

01 SEP 17 AM 9:46

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE

## PROPERTY MANAGEMENT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

199 ST. MIAMI. FL 33169 0.Box 680006. MIMMI FL 33168-0006

The purpose for which the corporation is organized is:

Rental Yroperties.

SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

DORET GUY

730 NW 199 ST. MIAMI , FL 33169.

REGISTERED AGENT

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

MICHAEL DORET

NW 199 ST. MIAM!

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DORET

199 ST. MIAMI PL 33169

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

Signature/Registered Agent

Signature/Incorporator