PO2000043148

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

OZ APR 15 PH 12: 3

AUTERA PROPERTIES, INC.

SUBJECT:

DOC EXAM

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an origina	al and one(1) copy of the artic	les of incorporation and a	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:	Name (Printed or typed)	71 REQUIRED	. -
	DAVIE, FLORIDA 333	Address	000527188 -04/15/0201041 ******70.00 ****	37 003 **70.00
	City (954) 680-4818	, State & Zip		
enna	GAVE	Telephone number		ani e e e

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

Articles of Incorporation of AUTERA PROPERTIES, INC.

OF THE SAME OF

ARTICLE I . NAME

The name of the Corporation shall be:

AUTERA PROPERTIES, INC. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1851 NW 167TH AVENUE PEMBROKE PINES, FLORIDA 33028

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

NATALIE AUTERA - PRESIDENT SALVALTORE AUTERA - TREASURER

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address if the initial registered agent are:

SALVALTORE AUTERA

1851 NW 167TH AVENUE PEMBROKE PINES, FL 33028

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date