## PODOTAS MALLETER 6 SILE 02 JUN 14 PM 3: 21

Department of State Division of Corporations P. O. Box 6327 Tallahassee FL 32314 SECRETARY OF STATE TALLAHASSEE FLORIDA

| Tallahassee, FL 32   | 314  |  |                                       | - | _                                       |  |
|--|--|--|---------------------------------------|---|---|--|
| SUBJECT:   | KAT HLEEN BI                                 |  | LUDE SUFF(X)                          |   | -                                       |  |
| 500005767175—7 = -06/14/0201048005 = Enclosed are an original and one (1) copy of the articles of incorporation and a check for:************************************ |  |  |                                       |   |   |  |
| ☐ \$70.00<br>Filing Fee  | ☑ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status               |   |   |  |
| FROM:  | P.O.Box                                      | Printed or typed)                                  | · · · · · · · · · · · · · · · · · · · |   | = |  |
| CORAL SPRINGS FL 33077 City, State & Zip   |  |  |                                       |   |   |  |
| 954-709-1578  Daytime Telephone number   |  |  |                                       |   |   |  |

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

DAW 2 6/14/07

|   |   | 4 4                                     |
|---|---|---|
| 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:  | 02 JUN                                      | 114 PM 3:21                             |
| KATHLEEN BREE P.A.  | SECRE<br>TALLAH                             | TARY OF STATE<br>ASSEE FLORIDA          |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  | · -   |   |
| P.O. BOX 771861   |   |   |
| CORAL SPRINGS FL 33077 ARTICLE III PURPOSE  |   |   |
| The purpose for which the corporation is organized is:  |   |   |
| REALTOR REAL ESTATE SALES.  |   | · . · . · . · . · · · · · · · · · · · · |
| ARTICLE IV SHARES The number of shares of stock is:   | A   | . <u>=</u><br>                          |
| 100   |   | =                                       |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):  |   | · -                                     |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  ROBERT A. ROTH  9109 C SW 21 ST   | <br>  |   |
| BOCA RATION FL 33428  |   | · ·.=                                   |
| The name and address of the Incorporator is:  | . # ····- :                                 | e e e e e e e e e e e e e e e e e e e   |
| KATHLEEN BREE<br>5181 COLUMBO COURT   | · ·   | <br>2.<br>2.                            |
| DELRAY BEACH FL 33484<br>**********************************   | *******                                     | *****<br>-                              |
| laving been named as registered agent to accept service of process for the above stated corporat<br>ertificate, I am familiar with and accept the appointment as registered agent and agree to act in t | ion at the place designated<br>his capacity | in this                                 |
| Catro A Carl  | 6/6/02                                      | · · · · · · · · · · · · · · · · · · ·   |
| Signature/Registered Agent  | Date  | , · · · · · · · · · · · · · · · · · · · |
| Harley Bree   | 6/10/02                                     | ======================================  |
| Signature/Incorporator  | Ďate  |   |