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TRANSMITTAL LETTER

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

SUBJECT:	Reller Haising R.	TE NAME - MUST INCLI		
Englaged eve on avia		, , , , , , , , , , , , , , , , , , , 		
Enclosed are an original \$70.00 Filing Fee	inal and one (1) copy of the article \$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:	FATIMA Name	ADDT OU (Printed or typed)	τ	
4340 Pineback Ave				
-	Orlows	State & Zip	811	
-	Up la blo - Daytime T	elephone number		

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: BELLES MAISONS Reulty I've NOV-4 AM 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4340 Rinebark Ave Orlando, FL 32811 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Roal Estate ARTICLE IV SHARES The number of shares of stock is: $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Fatima ADDIOUI (Broker) ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Fating Addioui 4340 Rineback Ave Orlands, FL 32811 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: 4240 Pineback Ave Orlando, FL 32811

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 | 29 oct 2 |
| Signature/Incorporator | 29 oct 2 |
| Date | Dat