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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only			
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TRANSMITTAL LETTER

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

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SUBJECT: _____ Georgina Neuve Realty COMPANY (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee ST8.75 Filing Fee & Certificate of Status \$\$78.75\$\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPYREQUIRED

FROM:	<i>W</i> .	Scott	wolls	
-			Name (Printed or typed)	

6316 turtle Creek Blud Address

Tampa FL 33625 City, State & Zip

813 - 476 -0606 = Daytime Telephone 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

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NAME

The name of the corporation shall be:

ARTICLE I

(-Porging Neave Realty compary

SECRETANT OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14622 North Dalp Mabry Highway TAMPA FL 33618

ARTICLE III PURPOSE The purpose for which the corporation is organized is:

Kenl Estate A Transactions

ARTICLE IV SHARES The number of shares of stock is:

110

INITIAL OFFICERS/DIRECTORS (optional) ARTICLE V The name(s), address(es) and title(s):

President, Georgian Nenve, 14622 North Dile Making Hung, Tampa FL 33618

ARTICLE VI **REGISTERED AGENT** The name and Florida street address of the registered agent is:

Georgina Nenve, 14622 North Ber Mabra Hay Tampa Fizz

ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is:

Georgina Neave, 14622 North Bale Maters Hury, Tampo FL 33618

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

Geogha Kowe Signature/Incorporator

11/22/02 Date

11/22/02