

PD3000028899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

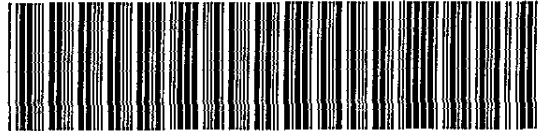
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ALL ESTATE HOMES INC.
(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ELIAS MANGUAL
 Name (Printed or typed)

1519 AVLEIGH CIRCLE
 Address

ORLANDO, FL 32824
 City, State & Zip

(407) 383-7463
 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)

ARTICLE I NAME

The name of the corporation shall be:

ALL ESTATE HOMES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1637 E. VINE STREET SUITE 125
KISSIMMEE, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A REAL ESTATE SALES AND MANAGEMENT GROUP

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND NO PAR VALUE (1000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ELIAS MANGUAL
1519 AVLEIGH CIRCLE
ORLANDO, FL 32824

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

ELIAS MANGUAL
1519 AVLEIGH CIRCLE
ORLANDO, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

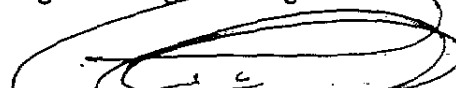
ELIAS MANGUAL
1519 AVLEIGH CIRCLE
ORLANDO, FL 32824

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 familliar with and accept the appolntment as registered agent and agree to act in this capacity



Signature/Registered Agent

Date



Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA