

PO 3000 044029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

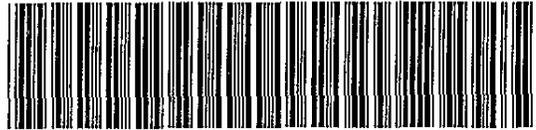
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

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

**SUBJECT:** Condos to Castles Realty, Inc.  
(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  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Valleri J. Crabtree  
Name (Printed or typed)

215 Celebration Pice, Suite 500  
Address

Celebration, FL 34747  
City, State & Zip

321-246-0361  
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:

Condos to Castles Realty, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

215 Celebration Place, Suite 500  
Celebration, FL 34747

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct any and all real estate transactions as permitted and authorized within the applicable rules, regulations and statutes of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

60,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Valleri J. Crabtree, 215 Celebration Place, Suite 500, Celebration, FL 34747  
Mitzi L. McPeck, 215 Celebration Place, Suite 500, Celebration, FL 34747

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** of the registered agent is:

Valleri J. Crabtree, 215 Celebration Place, Suite 500, Celebration, FL 34747

**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator is:

Valleri J. Crabtree, 215 Celebration Place, Suite 500, Celebration, FL 34747

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*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

4/14/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/14/03  
\_\_\_\_\_  
Date

03 APR 17 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA