

PO 3000044029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

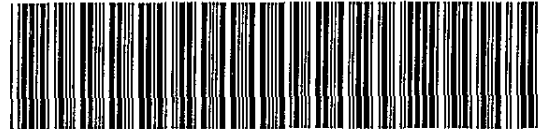
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800015669028

04/17/03--01021--014 **78.75

03 APR 17 AM 7:35
RECEIVED
FBI
FBI
FBI

SE
H/10

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 ☒ \$78.75
Filing Fee 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
ADDITIONAL COPY REQUIRED	

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

215 Celebration Plce, 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:

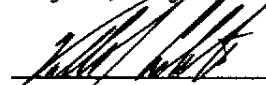
Valleri J. Crabtree, 215 Celebration Place, Suite 500, Celebration, FL 34747

ARTICLE VII INCORPORATOR

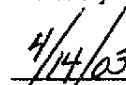
The name and address of the Incorporator is:

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


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



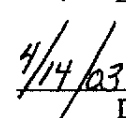
Signature/Registered Agent



Date



Signature/Incorporator



Date

03 APR 17 AM 7:36
STATE
TALLAHASSEE FLORIDA