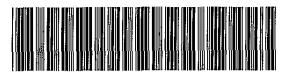
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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
TALL/HASSIE, FLORINA

WOU-14475

65,53 /3

TRANSMITTAL LETTER

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

SUBJECT: Sect	ion 8 Estate, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	\$78.75	\$78.75	2 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM. B	ethoyia Keizie Powell		
	Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	934 N. UNIVERSITY DRI		
		Address	
	Coral Springs, Florida 330	71	
•	City	, State & Zip	
	(954) 270-1541		
	. ,	Calanhona numbor	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2004

BETHOYIA KEIZE POWELL 934 N UNIVERSITY DRIVE PMB 425 CORAL SPRINGS, FL 33071

SUBJECT: SECTION 8 ESTATE, INC.

Ref. Number: W04000014475

We have received your document for SECTION 8 ESTATE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 704A00024625

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O4 APR 30 PM 2: 11

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ARTICLE I NAME	全型 章 元
The name of the corporation shall be:	S ₹ 3
SECTION 8 ESTATE, INC.	SERVICE OF THE
	FILED APR 30 M 9: 16 RETARY OF STATE AHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	응규 -
934 N UNIVERSITY DRIVE 3370 HOOFD BAY PMB 425 GORAL SPRINGS, FLORIDA 33071 ADDITICUS III. DEPROSE ALCOHOLOGICA STRUCTURE STRUC	DR S
PMB 425	
GORAL SPRINGS, ELORIDA 33071	3180
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TO CONDUCT ANY AND/OR ALL ALLOWABLE TRANSACTIONS IN	
COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621 OF THE FLORIDA BUSINESS STATUTES.	
<u>ARTICLE IV SHARES</u>	
The number of shares of stock is:	
ONE (1,000) THOUSAND @PAR VALUE OF ONE (\$1.) DOLLAR EACH.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	•
List name(s), address(es) and specific title(s):	
BETHOYIA KEIZIE POWELL, FOUNDER/VICE-PRESIDENT/DIRECTOR	. 00
934 N UNIVERSITY DRIVE, PMB 425 CORAL SPRINGS, FLORDA 33071 1 Junt 506	J DR
Aventuea FL 331	80
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	•
	M
934 N UNIVERSITY DRIVE, PMB 425 3370 HIGO EN BAY	DC
CORAL SPRINGS, FLORIDA 23071 Unit 506	
BETHOYIA KEIZIE POWELL 934 N UNIVERSITY DRIVE, PMB 425 3370 Hiod EN BAY CORAL SPRINGS, FLORIDA 23071 Uni F 506 AVENTURA FL 3	3180
The <u>name and address</u> of the Incorporator is:	
BETHOYIA KEIZIE POWELL 934 NUNIVERSITY DRIVE, PMB 425 23 70 th book) BA	y DR
934 NUNIVERSITY DRIVE, PMB 425 CORAL SPRINGS, FLORIDA 38071 Unit 506	' .
Aventura FL 3	3.3/8h
*******************	**********
Having been named as registered agent to accept service of process for the above st certificate, I am famillar with and accept the appointment as registered agent and agr	ated corporation at the place designated in this re to act in this capacity
X	
Sowell.	04/02/2004
Signature/Registered Agent	Date
$\checkmark \emptyset$	
Miwell .	04/02/2004
Signature/Incorporator	Date
\ - /	

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)