P04000132089

(Řequestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

900041165489

09/21/04--01017--011 **87.50

94 SEP 21 Ft 2: 08

Office Use Only

TRANSMITTAL LETTER

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

SUBJECT ORPORATE

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



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

1

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

۲.,

The name of the corporation shall be:

Properfies, Inc. ome

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

W. River Lane 1505 - 33603 Iampa, 6

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

nagement

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s). President JACCIO iver Lane 1505 IN 33403 ampa,

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:



Michelle Claccio 1505 W River Land Tampa, FL 33403

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 aaci 0

Signature/Incorporator

Date

<u>r</u>S

с Х

Ņ

90

517