

704000153247

(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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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4-39256

TRANSMITTAL LETTER

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

SUBJECT: PROPERTYPROS 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: JEFF NIBLOCK
Name (Printed or typed)

21842 Hwy 98 No.
Address

DADE CITY, FL 33523
City/State & Zip

352-583-8267
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

PROPERTY PROS INC OF TAMPA BAY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

21842 Hwy 98 No.
DADE CITY, FL 33523

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JEFF NIBLOCK - P, VP, Sec. Treas.
21842 Hwy 98 No.
DADE CITY, FL 33523

ARTICLE VI REGISTERED AGENT

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

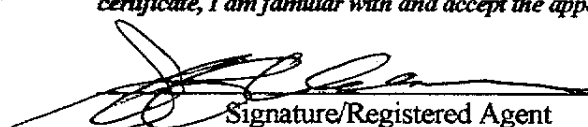
JEFF NIBLOCK
21842 Hwy 98 No.
DADE CITY, FL 33523

ARTICLE VII INCORPORATOR

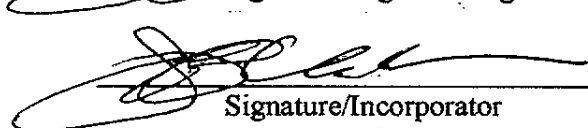
The name and address of the Incorporator is:

JEFF NIBLOCK
21842 Hwy 98 No.
DADE CITY, FL 33523

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

10/20/04
Date


Signature/Incorporator

10/20/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA