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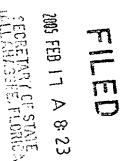
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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Considerations to Ellino Office
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## TRANSMITTAL LETTER

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

SUBJECT:	Del Boca Vista	, ,	
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Ma Hhew Name	J. William (Printed or typed)	2
		Waldo St.	
	City,	rlando, FL State & Zip	32806
	(407)	895-30	11

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 3, 2005

MATTHEW J. WILLIAMS 1913 WALDO ST. ORLANDO, FL 32806

SUBJECT: DEL BOCA VISTA CORP.

Ref. Number: W05000000231

We have received your document for DEL BOCA VISTA CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name 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) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 705A00000105

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME  The name of the corporation shall be:  De I Boca Vista Exp. Properties Corporation
Dol Realist = Properties Coross = M
DET DOCA VISHA CAPICIE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
1913 Waldo Street Orlando, FL 32806
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
Real Estate Investment + Brokerage
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Mathew J. Williams - President
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Mu How J. Williams
1913 Waldo Street Orlando, FL 32806
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Mu Hhww J. Williams
1913 waldo Street Orlando, FL 32806
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/Ir corporator  Nutrition / William 1/1/05 Date
•

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