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(Re	equestor's Name)	
(Ac	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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## TRANSMITTAL LETTER-

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

SUBJECT:	DHIAMI REACTY	C7/200P / /K TE NAME - MUST INCL	X ,
	`		
Enclosed are an orig	inal and one (1) copy of the arti-	cles 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:	1 HET AS C	4RIST (Printed or typed)	
	18851 NE 29	Address	# 700
-	AUGOTURA City,	FL 331	38
-	305 447 Daytime T	7760 elephone 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: MIDSIATU REACTY GROUP, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18851 NE 29th AVE # 700 AVENTURA, FL 33180 ARTICLE III PURPOSE The purpose for which the corporation is organized is: VEHL ESTATE 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): ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: THOMAS (KRIS) The name and address of the Incorporator is: 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 Incorporator