

PO5000105930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

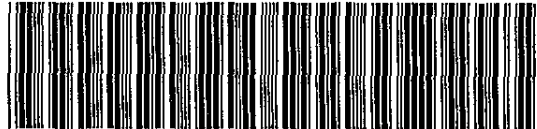
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 JUL 29 AM 9:00  
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J. Shivers AUG 01 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Sobe 4 Real 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:** Heather Read  
Name (Printed or typed)

479 NE 30th St. # 515  
Address

Miami, FL 33137  
City, State & Zip

305-321-6860  
Daytime Telephone number

05 JUL 29 AM 9:10  
SECRETARY OF  
DIVISION OF CORP  
FILED

**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:

Sobe 4 Real Inc.,

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

479 NE 30th St.  
Suite # 515  
Miami, FL 33137

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Internet based products and services

### **ARTICLE IV SHARES**

The number of shares of stock is:

500

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Heather Lea Read- President  
479 NE 30th St.  
#515  
Miami, FL 33137

### **ARTICLE VI REGISTERED AGENT**

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

Heather Read  
479 NE 30th St.  
#515  
Miami, FL 33137

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Heather Read  
479 NE 30th St.  
#515  
Miami, FL 33137

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

05 JUL 29 AM 9:17  
SECRETARY OF STATE  
VISION EFT 100 NORTH