

P05000144158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

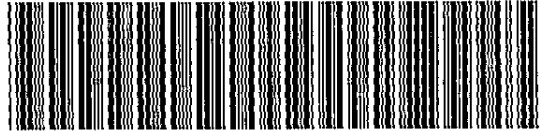
(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Realty Services of the  
Southeast, Inc.*

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Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Trade/Service Mark

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☐ Annual Report / Reinstatement

☒ Cert. Copy

☐ Photo Copy

☐ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

☐ Courier

# 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:

REALTY SERVICES OF THE SOUTHEAST, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

795 SE PORT ST LUCIE BLVD.  
PORT ST LUCIE, FL 34983

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES OR ANY LAWFULL BUSINESS  
ALLOWED IN FLORIDA.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES ARE AUTHORIZED TO BE ISSUED AT \$1.00  
PAR VALUE COMMON STOCK WHICH SHALL BE DESIGNATED

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LOWANNE REAGLE  
823 SW SUNDANCE TRAIL (HOME)  
PORT ST LUCIE, FL 34983

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LOWANNE REAGLE  
795 SE PORT ST LUCIE BLVD.  
PORT ST LUCIE, FL 34983


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOWANNE REAGLE  
795 SE PORT ST LUCIE BLVD.  
PORT ST LUCIE, FL 34983

\*\*\*\*\*

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

10-20-05  
Date

  
Signature/Incorporator

10-20-05  
Date

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