705000150935

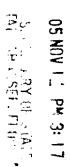
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| <u>_</u> |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entry Warne) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



600061330076

11/1/205-010:5 (0) **70.00





COVER LETTER

SUBJECT: SOUTHEAST RIVERBANK INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

| Enclosed are an orig | ginal and one (1) copy of the articles \$78.75 Filing Fee & Certificate of Status | sles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | | |
|----------------------|--|--|--|-----------|-----------|-------|
| FROM: E | OWARD FLAXMAN | | | TAS SAN T | 05 NOV 14 | |
| | Name (| Printed or typed) | | SE X | = | FILED |
| | 226 SW LANGFIELD A | VE | | r or | 0 | 0 |
| - | A | ddress | | S A | <u>ુ</u> | |
| _ | PORT ST LUCIE, FL. 3 | | | . i | 7 | |
| | City, S | State & Zip | <u> </u> | | | |
| - | 772-342-8459 | | | | | |

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

Daytime Telephone number

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:

SOUTHEAST RIVERBANK INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

226 SW LANGFIELD AVE., PORT ST LUCIE, FL. 34984

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

INVESTMNETS

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):

HAIM SKLASH, PRESIDENT, 226 SW LANGFIELD AVE., PORT ST LUCIE, FL. 34984

ARTICLE VI REGISTERED AGENT

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

EDWARD FLAXMAN, 226 SW LANGFIELD AVE., PORT ST LUCIE, FL. 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD FLAXMAN, 226 SW LANGFIELD AVE., PORT ST LUCIE, FL. 34984

| 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 |

11/8/05

Date

11/8/05

Date

gnature/Incorporator