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(Requestor's Name)		
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(mix	. (Chaha 17) a (Dhana	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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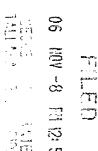
Office Use Only

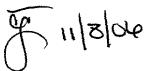


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COVER LETTER

FILED

06 NOV -8 PM 12: 53

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

SUBJECT: U.P PROPERTIES OF	S. Flas Inc	IDE SHËRIX)
(A ROLOSED CORLORA	TE NAME - MOST INCE	ODE SUFFIA)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 []\$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: Chns Chalich	<u> </u>	

Name (Printed or typed)

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. (Profi	t)
ARTICLE I NAME The name of the corporation shall be:	FILED
VIR Properties of S. Fla, INC.	
in the first tegative	06 NOV -8 PM 12: 53
ARTICLE II PRINCIPAL OFFICE	CECRETARY OF STATE LALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	I MELMIN JOEG, CO. NON
3536 NW 73 Way Coral Springs PC 33065	
condophings is soots	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Property Management Services	
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>
List name(s), address(es) and specific title(s):	17240 Co of Coope 8 20
Tracey Geller-Schnaitman 3536 NU Churs Chalich 3536 NW 73 Way	13 Willy Coral Springs it 331
Charlich 3536 NW 73 Way	Coral Springs FC 53065
	•
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
ams Chalich	
3536 NW 73 Way Coral Springs FC 33065	
Coral Springs FC 33068	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	•
Chris Chalich	
3536 MW 73 Way	
Coral Sennes PC 33065	
Having been named as registered agent to accept service of process for the ac	**************************************
certificate) am fomiliar with and accept the appointment as registered agent a	and agree to act in this capacity
(this till!	iOloMee
Signature Registered Agent	Date

Date

Signature/Incorporator