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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<u> </u>				
(During Free N				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				
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Office Use Only



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BECRETARY OF SIAL DIVISION OF CORPORATIONS



COVER LETTER

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

SUBJECT:	ABC REALTY CORP			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	√ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Name (Printed or typed)			
-	CLERMONT, FLORIDA 34714 City, State & Zip 407-595-4343 OR 352-536-1669 Daytime Telephone 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:

ABC REALTY CORP

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 DEC -4 PM 1:25

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1648 US HWY 27 CLERMONT, FLORIDA 34714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE BUSINESS & MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT - CAROLINA ESTEVEZ VICE PRESIDENT - NIGEL MONGE

SECRETARY- CAROLINA ESTEVEZ

TREASURER-MICHAEL MORALES

ARTICLE VI REGISTERED AGENT

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

CAROLINA ESTEVEZ 5445 CAPE HATTERAS DRIVE CLERMONT, FLORIDA 34714

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

CAROLINA ESTEVEZ 5445 CAPE HATTERAS DRIVE CLERMONT, FLORIDA 34714

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/Incorporator

Carolina Enterior

Signature/Incorporator

Carolina Enterior

Date

11 | 30 | 06

11 | 30 | 16