

PD600015203 /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

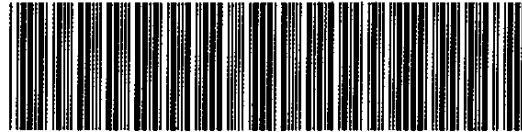
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800082375498

12/11/06--01048--015 \*\*78.75

FILED  
06 DEC 11 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE DEC 11 2006

## COVER LETTER

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

SUBJECT: Staged Homes 4 Sell, Inc.

SCorp.  
(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: Lisa Harrod

Name (Printed or typed)

PO Box 630223

Address

Miami, FL 33163

City, State & Zip

3059326022

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:

Staged Homes 4 Sell, Inc. ~~S Corp~~

FILED

06 DEC 11 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 630223  
Miami, FL 33163

← 18851 NE 29 Ave Ste 700  
Aventura, FL 33180

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal business activity.

## ARTICLE IV SHARES

The number of shares of stock is:

150

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lisa Harrod, CEO  
PO Box 630223  
Miami, FL 33163

## ARTICLE VI REGISTERED AGENT

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

Lisa Harrod  
18851 NE 29 Ave. #700  
Aventura, FL 33180

## ARTICLE VII INCORPORATOR

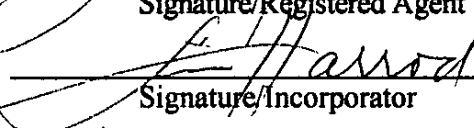
The name and address of the Incorporator is:

Lisa Harrod  
PO Box 630223  
Miami, FL 33163

\*\*\*\*\*

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

12/7/06  
\_\_\_\_\_  
Date

12/7/06  
\_\_\_\_\_  
Date