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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ALLAHASSEE, E STATE

COVER LETTER

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

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| I V | | | | | | |
| I V | re an original a | l and one (1) copy of the ar | rticles of incorporation and | a check for: | | |
| & Certificate of Status & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | ng Fee 📙 Fi | Filing Fee | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status | | |
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| City, State & Zip 954-894-008 Daytime Telephone number | | 954-8 | 894-00 | 08 | : 55 | |

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: ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: ARTICLE III PURPOSE | | |
|---|--|------|
| The purpose for which the corporation is organized is: Real estate Licensee Broken & ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | 2009 APR -2 AM 9: 55 SECRETARY OF STATE JALLAHASSEE, FLORIDA | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered and the point of the registered and address of the Incorporator is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ALL OF THE PROPERTY | | **** |
| ************************************** | on at the place designa | |