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2010 APR -8 P 1:54
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:

Josef Holdings, Inc.

believe I.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: Die	eter A. Josef Nam	e (Printed or typed)	
142	206 Aster Ave.		
		Address	
We	llington, Florida, 33414	, State & Zip	
561	-818-9300		
	Daytime '	Telephone number	
jose	fd@pbso.org		
	E-mail address: (to be use	ed for future annual report	notification)

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:

Josef Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 14206 Aster Ave

Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property Management

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dieter A. Josef- President Sallyann Josef -VP 14206 Aster Ave Wellington, FL 33414

ARTICLE VI REGISTERED AGENT

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

Dieter A. Josef

14206 Aster Ave

Wellington, FL 33414

ARTICLE VII INCORPORATOR

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

Sallyann Josef

14206 Aster Ave

Wellington, FL 33414

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

Date

Date

4/5/0

Date

Signature/Indomorator

Date

TALLAHASSEE, FLORIDA

+