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(Re	questor's Name)	
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(CII)	y/State/Zip/Phone	? #/
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
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SECRETARY OF STATE
TALLAHASSEE, FLORIE

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COVER LETTER

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

	inal and one (1) copy of the art	icles of incorporation and	a cneck for:
3 \$70.00	\$78.75	\$78.75	\$87.50
ing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
ADDITIONA		A DESTRUMENT CO	
FROM: <u>/</u>	DLEVANDER J.	SACCAVINO (Printed or typed)	PY REQUIRED
	NAME VANDER J. NAME NA	SACCAVINO e (Printed or typed)	TALLA
	NEVANDER J. Nam. 457 JUNIPER	SACCAVINO e (Printed or typed)	SECRE JARY
	457 Juniper	SACCAVINO e (Printed or typed) LANC Address	SEURE JARY TALLAMASSE
	1	SACCAVINO e (Printed or typed) LANC Address FL 32/74 State & Zip	SECRE FARY TALLAMASSE

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:	
SACCAVINO REALTY INC.	
SACCALING MEANING THE.	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
457 Juniper LANE ORMOND BEACH FL 32174	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TO SEIL REALES TATE	
ARTICLE IV SHARES	
The number of shares of stock is:	7× 26
J	ZOIO SEP IO AMIO: OF STATE SECRETARY OF STATE TALLAHASSEE, FLORID
ADMICI D. II. AND ALL CONTINUES AND ADDRESS OF THE CONTINUES OF THE CONTIN	AH)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	ASSI
PRES ALEXANDER S. SACRAVINO	
PRES ALEXANDER . SACCAUTAL	AHIO: OF STATE
ARTICLE VI REGISTERED AGENT	Öm 3
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	;
ALEXANDEN S SACCAUMO	
457 Juniper LAWE ORMOND BEACH FL	32174
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: ALEYAN den J. SACCA	DICIU
457 Juniper LANE ORMOND BEAC	1 F1 32174
43/ OUNTER ZANC ORMOND DENC	11 Ph

Having been named as registered agent to accept service of process for the above stated	
place designated in this certificate, I am familiar with and accept the appointment as re	gistered agent and
agree to act in this capacity	
Alexander I succession Sept	8 2010
Signature/Registered Agent Dat	te
Alyander Saccount Sept 8	,2010
8ignature/Incorporator Dar	te