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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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COVER LETTER

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

| SUBJECT: Investors Realty & Property Ma | nagement of the Treasure Coast, Inc. |
|--|--|
| | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: Dwight W Bell | |
| Name | (Printed or typed) |
| 150 Coconut Drive, Suite | 104 ddress |
| Indialantic, FL 32903 City, S | State & Zip |
| 321-288-7209 Daytime Te | elephone number |

NOTE: Please provide the original and one copy of the articles.

dwight@investorsrpm.com / E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| Principal street address 150 Coconut Drive, Suite 104 Indialantic, FL 32903 IRTICLE IV PURPOSE The purpose for which the corporation is organized is: Any and all lawful business. IRTICLE IV SHARES The number of shares of stock is:100 IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Dwight W Bell, President Address: 150 Coconut Drive, Suite 104 Indialantic, FL 32903 Name and Title: Address: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Address: Address: RTICLE V REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Dwight W Bell Address: 1835.N.Hwy A1A Apt 503 Indialantic, FL 32903 RTICLE VI INCORPORATOR The name and address of the incorporator is: Name: Dwight W Bell Address: 150 Coconut Drive, Suite 104 Indialantic, FL 32903 Invited been panyllife registered agent to accept service of process for the above stated corporation of the place designate is certificed. If and spirituar with and accept the appointment as registered agent and agree to act in this capacity of the submit this document shift affire that the facts stated herein are true. I am aware that the false information submitted scument to the Disparatory information submitted scume | ARTICLE II | PRINCIPAL OFFICE | | | |
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