P11000044642

(Requestor's Name)
(Requestors 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:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD 5/10

COVER LETTER

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

SUBJECT: Corporate Digs,	Inc.
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: RANDOLPH S. G.	
300 41st	Street # 214 Address
	Address
Miami Beach, City,	FL 33140 State & Zip
954-303-6352 Daytime T	elephone number
E-mail address: (to be use	AOL, Cam d 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)

	AME	,	
The name of the corpo	oration shall be: Corporate Dig	is, Inc.	
ARTICLE II P.	RINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
ت	100 41 Street # 214 NICANI BEACH, FL 32140		
	1/ani Beach, FL 33/40		
ARTICLE III PU	JRPOSE		
The purpose for which	ch the corporation is organized is:		
Real	Estate Brokerage		= = =
	<i>y</i>		LEG E
ARTICLE IV S	HARES		SEX 3
The number of shares			
	7000		10 F 12
	NITIAL OFFICERS AND/OR DIRECTOR		
Address:	Randolph S. Goodman Pres.		
11001033.	MIGMI BEACH FL 33140		
			
N 1 T'/-	•	No. 1 mid	
Address:	: <u> </u>		:
Address.		_ Address.	
		_	
		_	
	:		·
Address:		_ Address:	· · · · · · · · · · · · · · · · · · ·
		_	
		_	
	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable) of	f the registered age	nt is:
Name: Address:	Randolph S. Goodman	_	
Address:	300 41 Street #214 Mrs. M. Beach FL 32142	_	
	- 1000 Device, PC 33170	-	
ARTICLE VII IN	NCORPORATOR		
	ss of the Incorporator is:		
Name: Address:	- Mandolph S. On dma	1/	
Address:	Rundolph S. Coodman 300 41 Street # 21 MILLIN BEALL, EL 3314	4	
	- Mary Destay PC 3314	9	
	as registered agent to accept service of process		
this certificate, I am fo	amiliar with and accept the appointment as reg	istered agent and o	agree to act in this capacity _
	WXVIII		5/3/2010
	97/29		15/2010
	Required Signature/Registered Agent		Date
I submit this docume	ent and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
	urtment of State-constitutes withird degree felon		
•	NADVIII-	- *	(-/- /
	M /// 1000		3/3/20/1
	Required Signature/Incorporator		Date