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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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SECRETARY OF STATE

T 08/24/11

COVER LETTER

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

SUBJECT: Sandra Dufay Extraordinary Homes of Distinction, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Sandra Dufay Name	e (Printed or typed)
3648 Matheson Avenue	Address
Coconut Grove, FL 331	133 State & Zip
305-793-3907 Daytime T	elephone number
uptowngypsy@aol.com E-mail address: (to be used	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)

ARTICLE II	PRINCIPAL OFFICE	
<u> </u>	Principal street address	Mailing address, if different is:
;	8648 Matheson Avenue	
	Coconut Grove, FL 33133	
ARTICLE III	PURPOSE	
	hich the corporation is organized is:	
Any and all b		
ARTICLE IV	SHARES	
	res of stock is: 500	
ADTICLE U	INITIAL OFFICERS AND/OR DIRECTORS	
		ume and Title:
Address:	3648 Matheson Avenue Ad	
	Coconut Grove, FL 33133	
Name and T	itle:	and Title.
Address:	itle: Na Ad	
Audiess.		
.		1 201.1
Name and I	tle: Na Ad	
Audress.		
ADTICI E III	REGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of the r	registered agent is:
Name:	Sandra Dufay	egistered agent is:
Address:	3648 Matheson Avenue	E 5 .v.
	Coconut Grove, FL 33133	ASS
		वा ="
ARTICLE VII	INCORPORATOR	Mg 🖺 👭
	Iress of the Incorporator is:	$=$ \sim \sim
Name:	Sandra Dufay	SE C
Address:	3648 Matheson Avenue Coconut Grove, FL 33133	ਰੂਜ਼ ਹੋ
	MONORIAL CHOVE, I.L. 33133	,1:-
	ed as registered agent to accept service of process for	
this certificate, I a	n familiar with and accept the appointment as registere	ed agent and agree to act in this capacity
	2 2 2	9/19/2011
	Provided Signature (Providence A comb	8/18/2011
	Required Signature/Registered Agent	() Date
	ment and affirm that the facts stated herein are true.	
	epartment of State constitutes a third degree felony as p	
	\mathcal{L}	
	Ander 100g	8/18/2011
	Required Signature/Incorporator) Y Date