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(Requestor's Name)			
(Address)			
(ladioss)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

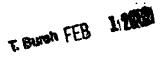
Office Use Only



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COVER LETTER

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

SUBJECT:	CASTLETON REALT	Y, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an	original and one (1) copy of the art	icles of incorporation ar	d a check for:	
\$70.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status	& Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL C	OPY REQUIRED	
FROM:	SHARON MOO YOU Nam	oun G e (Printed or typed)		
	16514 SEGOVIA	CIRCLE SOUT	TH	
16514 SEGOVIA CIRCLE SOUTH Address				
	PEMBROKE PIN	VES FL 333	3/	
•	City	, State & Zip		
	954-328-478			
	•	Telephone number		
_	E-mail address: (to be use	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 I No.	AME oration shall be: CASTLETON REALS	y, INC.	
<u>/</u> 4	RINCIPAL OFFICE Principal street address 575/ SHERIDAN STREET RE. 425 RT LAUDERDALE, FL 3333/	Mailing ac	ddress, if different is:
ARTICLE III PU	TRPOSE the the corporation is organized is: \(\tau_O \) \(\tau_O \)	ERFURM VARIO	us Services of
	E ON BEHALF OF INDIVIL		
•	PENSATION.	0.,0	F Î2 JAN : SECRET!
ARTICLE IV SI	HARES of stock is: 2 NITIAL OFFICERS AND/OR DIRECTOR	c	TLED 31 PHI
	GORDON KEITH GRANDY, P		
Address:	18713 NW 18TH COURT MIAMI, FL 33015		gre i (
Name and Title Address:	CAROLYN MARIA GRANDY, VP 18713 NW 78 D. COURT MIAMI, FL 33015	Name and Title:Address:	
Name and Title Address:			
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of CAROLYN MARIA GRANDY 18713 NW 18th COURT MIAMI, FL 33015	the registered agent is:	
ARTICLE VII IN	MODBORATOR		
	SS of the Incorporator is: SHARON MOU YOUNG- 16514 SEGONA CIRCLE SOUN PEMBROKE PINES, IEL 333:		
this certificate. I am To	as registered agent to accept service of process analiar with and accept the appointment as regional Required Signature/Registered Agent	for the above stated corpositered agent and agree to a	ct in this capacity
	Required Signature/Registered Agent		//27//2 Date
document to the Depa	nt and affirm that the facts stated herein are extreent of State constitutes a third degree felony	true. I am aware that the j as provided for in s.817.15	
Shar	Thufacul		1/27/12
<u></u>	Mufacuf Required Signature/Incorporator	 	Date