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(Re	equestor's Name)			
(Ad	ldress)			
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(Ci	ty/State/Zip/Phon	- 		
(Cil	iy/State/Zip/Filoti	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
	 			
Office Use Only				
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SECRETARY OF STATE
TALL AMASSES FOR

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COVER LETTER

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

SUBJECT: Roe Realty, Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
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 & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Clifford L Roe	e (Printed or typed)
<u>14263 86th Ter</u>	Address
Seminole, FL 33776 City,	State & Zip
727-644-7209 Daytime T	elephone number
CliffRoe@Gmail.com 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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE	•	
	Principal street address	Mailing	address, if different is:
	7777 131st St N Suite 16		er
3	Seminole, FL 33776	Seminole, FL	33776
			
ARTICLE III	· · · · · · · · · · · · · · · · · · ·		12 ALL ALL
ne purpose for w Real Estate I	which the corporation is organized is:		NOT NOT
ARTICLE IV	· ·		-8 PM 4: 1 ARY OF STAT
	res of stock is:100		Ku a
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	
	itle:Cliffored L. Roe, Broker/Owner	Name and Title:	
Address:	14263 86th Ter		
Seminole, FL 33776	Seminole, FL 33776		
	itle:		
Address:			
Name and T	itle:	Name and Title:	
Address:			
			
	REGISTERED AGENT	and the second	
Name:	orida street address (P.O. Box NOT acceptable) Clifford L Roe		
Address:	Clifford L Roe 14263 86th Ter		
1144.000.	Seminole, FL 33776		
	·		
ARTICLE VII	-		
Name:	Ires of the Incorporator is:		
Address:	Clifford L Roe		
Address.	14263 86th Ter Seminole, FL 33776		
	ed as registered agent to accept service of proc m familior with and accept the appointment as r		
Chill	1 X/4		(-7-12
	Required Signature/Registered Agent		<u>C-7-/2</u> Date
submit this docu ocument to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree felo	are true. I am aware that th ony as provided for in s.817.	e false information submitted in 155, F.S.
11/1			
MAGE	Required Signature/Incorporator		6-7-12 Date