## P1200054987

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

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

## SUBJECT: Realty Associates of Southwest Florida Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: James W. Green Name	(Printed or typed)	
P. O. Box 218	Address	<del></del>
Alva FL 33920 City,	State & Zip	
239-728-5481  Daytime Te	elephone number	
jim@jimgreenrealty.com E-mail address: (to be used	for future annual report	t 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)

	PRINCIPAL OFFICE	3 4 11 1		
	Principal street address		dress, if different is:	
	15551 Park Way Alva FL 33920	P. O. Box 218 Alva FL 33920	<del>-</del>	
	Alva FL 33920	Alva FL 55920		
. DTICI E III	PURPOSE		AE U	
	which the corporation is organized is:		ARY FIL	
Real Estate	e Brokerage			
	3		PA PA	
			P.S. F	
			The state of the s	
			TOTAL CONTRACTOR CONTR	
ARTICLE IV	SHARES			
	hares of stock is:1,000			
	INITIAL OFFICERS AND/OR DIREC			
Name and Address:	Title: James Green, President			
Address:	P. O Box 218 Alva FL 33920	Address:		
	Alva FL 55920			
	Title:	Name and Title:		
Address:				
	Title:	Name and Title:		
Address:		Address:		
		<del></del>		
	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accepta			
Name:	James Green			
Address:	15551 Park Way	<del></del>		
	Alva FL 33920			
ARTICLE VII	INCORPORATOR			
The name and a	address of the Incorporator is:			
	James Green			
Name:	15551 Dod Mov			
`	15551 Park Way			
Name:	Alva FL 33920	<del></del>		
Name: Address:	Alva FL 33920		ration at the place designated	
Name: Address: Having been na	Alva FL 33920  uned as registered agent to accept service of p			
Name: Address: Having been na	Alva FL 33920			
Name: Address: Having been na	Alva FL 33920  med as registered agent to accept service of plant and accept the appointment	as registered agent and agree to ac		
Name: Address: Having been na	Alva FL 33920  med as registered agent to accept service of plant and accept the appointment	as registered agent and agree to ac		
Name: Address: Javing been na his certificate, I	Alva FL 33920  amed as registered agent to accept service of plan familiar with and accept the appointment  Required Signature/Registered Agen	as registered agent and agree to ac	t in this capacity	
Name: Address:  Javing been nathis certificate, I	Alva FL 33920  amed as registered agent to accept service of plan familiar with and accept the appointment  Required Signature/Registered Agents  accument and affirm that the facts stated here	as registered agent and agree to ac  nt in are true. I am aware that the f	et in this capacity	
Name: Address:  Javing been nathis certificate, I	Alva FL 33920  amed as registered agent to accept service of plan familiar with and accept the appointment  Required Signature/Registered Agen	as registered agent and agree to ac  nt in are true. I am aware that the f	t in this capacity	
Name: Address: Having been na his certificate, I	Alva FL 33920  amed as registered agent to accept service of plan familiar with and accept the appointment  Required Signature/Registered Agents  accument and affirm that the facts stated here	as registered agent and agree to ac  nt  in are true. I am aware that the first felony as provided for in s.817.155	t in this capacity	