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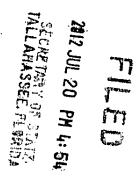
| (Req | uestor's Name) | |
|----------------------------|------------------|-----------|
| (Adda | ress) | |
| (Addi | ress) | |
| (City/ | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Busi | iness Entity Nan | ne) |
| (Doce | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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TEUMOUR MIT 53 SOLS

COVER LETTER

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

| SUBJECT: Realtyvest Corp. | | | | | |
|---|--|--|--|--|--|
| MUST INCLUDE SUFFIX) | | | | | |
| poration and a check for: | | | | | |
| \$87.50 Filing Fee, ied Copy | | | | | |
| TOTAL COLL MAYOR MAY | | | | | |
| the state of the second second second second | | | | | |
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| /ped) | | | | | |
| 8185 Via Ancho Rd. #880182 Address Address Reco Poton El 22488 | | | | | |
| Address | | | | | |
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| R R C | | | | | |
| iber g | | | | | |
| 1061 | | | | | |
| inual 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 The name of the corp | Negityvest Colo. | | |
|-----------------------------------|--|---------------------------------------|--------------------------------------|
| ARTICLE II P | PRINCIPAL OFFICE | | |
| | Principal street address | Mailin | g address, if different is: |
| 818 | 85 Via Ancho Rd. #880182 | | cho Rd. #880182 |
| | ca Raton, FL 33488 | | FL 33488 |
| <u> </u> | | <u> </u> | |
| | | | |
| ARTICLE III P | | | |
| | ch the corporation is organized is: | | |
| Any and all law | ful business. | | |
| ARTICLE IV S The number of shares | | | |
| | | ana . | |
| | MITIAL OFFICERS AND/OR DIRECTO | | |
| Address: | :Joe Buljan PD 8185 Via Ancho Rd, #880182 | A .1.1 | |
| Address. | | | |
| | Boca Raton, FL 33488 | | |
| | | | |
| Name and Title | <u>;</u> | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| Managand Title | | M | |
| Address: | : | | |
| Audress: | | Address: | |
| | | | |
| | | | |
| ARTICLE VI R | <u>EGISTERED AGENT</u> | | |
| The <u>name and Florid</u> | la street address (P.O. Box NOT acceptable) | of the registered agent is: | Ēς 👺 |
| Name: | Joe Buljan | ····· | |
| Address: | 8185 Via Ancho Rd. #880182 | | |
| | Boca Raton, FL 33488 | | |
| | WODDOD 4 TOD | | 85 2 |
| | VCORPORATOR ss of the Incorporator is: | | |
| Name: | | | 2 |
| Address: | Joe Buljan | | 2 9 |
| Address. | 8185 Via Ancho Rd. #880182 Boca Raton, FL 33488 | | |
| | DUCA RAION, FL 33400 | | |
| Having been named | as registered agent to accept service of proc | ess for the above stated co | rnoration at the place designated in |
| this certificate, I am f | familiar with and accept the appointment as i | registered agent and agree t | to act in this capacity |
| <i>(</i>) | O 1 | | |
| 1/110 | S.M | | 7-1-12 |
| | Required Signature/Registered Agent | | Date |
| . 16 | | | |
| I Submit this docume | ent and affirm that the facts stated herein a | ire true. I am aware that t | ne false information submitted in a |
| aocument to the Depo | artment of State constitutes a third degree fel | ony as proviaea jo r in s.8 1/ | '.133, F.S. |
| A = A | | | 7.4.40 |
| yol ! | Required Signature/Incorporator | | 7-1-12 |