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COVER LETTER

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

Tallahassee, FL 32314

SUBJECT: THE REALTY CONNECTION 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 \$\mathbb{X}\$\$ \$78.75 \$\mathbb{X}\$\$ \$87.50

□ \$70.00 □ \$78.75 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

□ \$78.75 □ \$78.75

Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: SHERYL R. KOEHLER Name (Printed or typed)
3060 N.E. 13th AVE. APT. 4
OAKIAND PARK FL 33334 City, State & Zip
954-661-7192 Daytime Telephone number
The Realty Connection fl@gmail. cow E-mail address: (to be used 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 NAME	2 ~ 1	
The name of the corporation shall be: Realty	Connection of Fort Ele, 14C. Mailing address, if different is:	
ARTICLE II PRINCIPAL OFFICE Lauderda	ile, IAC.	
Principal street address 3000 N.E. 13Th AVE. APT	Mailing address, if different is:	
CAKIAND PARK, FL	• 7	
3333'4		
ARTICLE III PURPOSE		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: REA	L ESTATE PROPERTY OF THE PROPE	
	To The Table	
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ARTICLE IV SHARES	1 Page 1 1 Pag	
The number of shares of stock is: 100	17.0 K	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	The state of the s	
Name and Title: Shery Kochley, PRes.	Name and Title:	
Address: 30/00 N.E. 13th AVE.	Address:	
OAKIAND PARK, FL 3333	4	
Name and Title:	•	
Address:		
		
Name and Title:Address:		
/ tudi 655.	Audioss.	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of Name:	the registered agent is:	
Address: 3000 N. E. 13 bays	3 AP+. 4	
OAKIAND PARK, FL 3	3334	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is: Name: SHERU KOEHLER	2	
Address: 3000 N.E. 3th AVE	APT-4	
OAKIAND PARK, FL	. AP+ . 4 33334 Shuyl Kochler for the above stated corporation at the place designated in	
Having been named as registered agent to accept service of process	for the above stated corporation at the place designated in	
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
Showe Kachler Required Signature/Registered Agent	12/5/12	
Required Signature/Registered Agent	Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a		
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Shore Kach Par	12/5/10	
Required Signature/Incorporator	Date/	