

COVER LETTER

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

SUBJECT: FAMILY TREE PROPERTIES Corp.
(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
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOHN RONZINO
Name (Printed or typed)

10560 NW 3RD PLACE
Address

CORAL SPRINGS, FLORIDA 33071
City, State & Zip

954-464-1878
Daytime Telephone number

MLEVINS1@COMCAST.NET
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

The name of the corporation shall be: FAMILY TREE PROPERTIES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10560 NW 3RD PLACE
CORAL SPRINGS, FLORIDA
33071

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO BUY, REPAIR AND SELL REAL ESTATE.

FILED
13 FEB 11 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 99

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN RONZINO, -PRES. Name and Title: BRADLEY LEVINSON - VP

Address 10560 NW 3RD PLACE Address: 10403 NW 83 ST.
CORAL SPRINGS, FL 33071 TAMARAC, FL 33321

Name and Title: JOHN RONZINO, JR. - SECY Name and Title: _____

Address _____ Address: _____
(SAME ABOVE)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED

Name and Title: _____ Name and Title: 13 FEB 11 PM 1:31
 Address _____ Address: SECRETARY OF STATE
 _____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MITCHELL LEVINSON
 Address: 10785 NW 64TH CT.
PARKLAND, FL 33076

ARTICLE VII INCORPORATOR

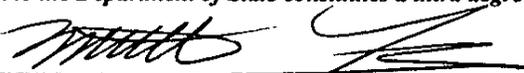
The **name and address** of the Incorporator is:

Name: MITCHELL LEVINSON
 Address: 10785 NW 64TH CT.
PARKLAND, FL 33076

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

 2/5/13
 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.

 2/5/13
 Required Signature/Incorporator Date