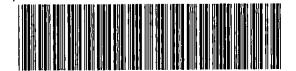
# P1300028359

(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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EERETARY OF STATE

PS3/28/13

#### **COVER LETTER**

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

SUBJECT: COI	RE4 Realty Grou	ıp, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: D	avid Greenwell	e (Printed or typed)	
53	31 Couch Drive		
<del>-,</del>		Address	
0	klahoma City, Ol	K 73102	
	City,	State & Zip	
40	05-239-7961		
	Daytime T	elephone number	
Do	Greenwell@coleand		
	E-mail address: (to be use	d for future annual report	nouncation)

NOTE: Please provide the original and one copy of the articles.



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## 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: CORE4 Realty Group, Inc.				
	NCIPAL OFFICE Principal street address	Mailing address, if different is:		
Celebration, F	L 34747			
ARTICLE III PUR The purpose for which t Real Estate	POSE he corporation is organized is:			
		,		
ARTICLE IV SHA The number of shares of ARTICLE V INT Name and Title	TIAL OFFICERS AND/OR DIRECTOR	S. Name and Title:		
Address	1245 Golden Canna Lane Celebration, FL 34747			
Name and Title: Address	Marissa H. Crawford, Vice President 1245 Golden Canna Lane Celebration, FL 34747	Name and Time.		
Name and Title:		Name and Title:		
Address		Address:		

# FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS:

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(conti.)

Name and	d Title:	Name and Title:	
Address		Address:	
	<u></u>		
ARTICLE VI	REGISTERED AGENT orkin street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Michael J. Crawford		
Address:	1245 Golden Canna Lane		
	Celebration, FL 34747		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	diress of the Incorporator is:		
Name:	Michael J. Crawford		
Address:	1245 Golden Canna Lane		
	Celebration, FL 34747		
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,  Required Signature/Registered Agent  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.  Required Signature/Incorporator  Required Signature/Incorporator			