## P13006-433

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEGRETARY OF STATE ATTENTS OF CORPORE ATTONS OF CORPORATIONS

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## **COVER LETTER**

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

SUBJECT:	/	LC INVESTMENTER	ent 2000 in
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED

FROM: DEBORAH SHAKES				
Name (Printed or typed)				
1235 Luminary cirle 106				
Address				
mel 60 urne FL 32901				
City. State & Zip				
516 503 9176				
Daytime Telephone number				
d-shakes @ hot mail. com				
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)

The name of the corporati	ion shall be: 05	Real	Estate	investment	_2000	11
	ICIPAL OFFICE Principal street address			Mailing address, if different is:		
1285 LUI	minary (	CIC				
melbou			}			
			·			
ARTICLE III PURF		zed is:				
Real	Estate	Inv	estm	ent	<b>3</b> 2	•
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					<b>-2</b>	
	•				<b>?</b> : ₹	2
					<b>6</b>	า
Name and Title	DEBORAH	·SHAKES	President Name and Title	Joan Sho 163 Elyasell westray M	ikes	
Address	1285 L	uminar	CIP 106 Address:	163 EMasel	Secre	tary
	melbou	rne FL	3290)	uestrung My	1159	0
	shares 1	00%				
Name and Title:	Nessa si	natres VIC	e Presida ( Name and Title	ζ- ::		
Address	163 EW	3 abeth	S Address:			
	WESTBI	my NY	11340			
Name and Tister	Charma	100 ROW	— Nama and Title	•		
reame and 1 ate;	Treasur	er	- A 3.3-	×		
Address	-163-E W3	CARTINIA	Address:			
	WESTE	ury ny	<u>113</u> 40			

Name	and Title:	Name and Title:	
Addre	ess	Address:	
ARTICLE VI		sa e e e	
The name and	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	DEBOKAH SHAKES		
Address:	1235 Leimenon Cir Melbourne Morida	- /06	χ) Τη
	Melbourne Morida	3290]	900
		, no.	جر د عرون
ARTICLE VI	I INCORPORATOR	<b>3</b> 98	ξ.
The name and	address of the Incorporator is:	₩ EXX	) )
Name:	DEBORAH SHAKES 1285 Luminery Cu Melbaumu PL 329	8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	!
Address:	1285 Luminery Cu	r /ch	
	melbarne pr 329	<i>७।</i>	
	amed as registered agent to accept service of process . I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity	
	Davis	7/30/13	
	Required Signature/Registered Agent	Date	
	ocument and affirm that the facts stated herein are t e Department of State constitutes a third degree felony	true. I am aware that the faise information submitted in a system of a system of the system.	
	Required Signature/Incorporator	7/30/13 Date	