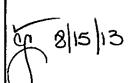
(Re	equestor's Name)			
(Address)				
. (Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		,		

Office Use Only



300250170773

08/12/13--01019--006 **70.00



COVER LETTER

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

SUBJECT:	Oriente Select Properties Inc					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an orig	inal and one (1) copy of th	ne articles of incorporation and	d a check for:			
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM:	lose J Antune	ez				
1 KOW		Name (Printed or typed)				
50	029 NW 125th	Avenue				
		Address				
C	oral Springs	Florida 33076 City, State & Zip	3			
6	19 248 3264	City, state & Zip	AUG 16			

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

Daytime Telephone number

orienteselect@gmail.com

E-mail address: (to be used for future annual report notification)

JIVISION OF CORPORATION

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE SECRETARY OF STATE

ne of the corpora				13 AUG 12	Pμ
CLE II PRI	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if o		• •
9 NW 125	th Avenue				
al Springs	Florida 33076				
				····	
CLE III PUR	POSE he corporation is organized is: to buy a	nd sell rea	al estate		
rpose for which t	ne corporation is organized is.				
					
·					
CLE IV SHA	ARES				
CLE V INI	ARES 1000 Stock is: 1000 TIAL OFFICERS AND/OR DIRECTORS		Procident		
CLE V INI	TIAL OFFICERS AND/OR DIRECTORS : Jose Antunez	Name and Title:	President		
CLE V INI	Jose Antunez 5029 NW 125th Avenue	Name and Title:	President		
CLE V INT	TIAL OFFICERS AND/OR DIRECTORS : Jose Antunez	Name and Title:	President		
CLE V INT	Jose Antunez 5029 NW 125th Avenue	Name and Title:	President		
Name and Title Address	Jose Antunez 5029 NW 125th Avenue	Name and Title: Address:			
Name and Title Address	Jose Antunez 5029 NW 125th Avenue Coral Springs FL 33076	Name and Title: Address: Name and Title:			
Name and Title Address Name and Title	Jose Antunez 5029 NW 125th Avenue Coral Springs FL 33076	Name and Title: Address: Name and Title: Address:	:		
Name and Title Address Name and Title	Jose Antunez 5029 NW 125th Avenue Coral Springs FL 33076	Name and Title: Address: Name and Title: Address:	:		
Name and Title Address Name and Title	Jose Antunez 5029 NW 125th Avenue Coral Springs FL 33076	Name and Title: Address: Name and Title: Address:	:		
Name and Title Address Name and Title Address	Jose Antunez 5029 NW 125th Avenue Coral Springs FL 33076	Name and Title: Address: Name and Title: Address:			

Name a	nd Title:	Name and Title:
Addres	SS	Address:
		_
ARTICLE VI	REGISTERED AGENT	
The name and F	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Jose Antunez	
Address:	5029 NW 125th Avenue	_
	Coral Springs FL 33076	_
ARTICLE VII		
The name and a	address of the Incorporator is:	
Name:	Jose Antunez	_
Address:	5029 NW 125th Avenue	_
	Coral Springs FL 33076	3
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated i gistered agent and agree to act in this capacity
		8-08-2013
	Required Signature/Registered Agent	Date
I submit this document to the	Department of State Constitutes a third degree felo	true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.
	fre A	
	Required Signature/Incorporator	Date