P13000067249

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

Office Use Only



100250171291

08/12/13--01020--018 **87.50

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: URBAN PROPERTIES (PROPOSED CORPORAT	GROUP INC. TENAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic \$70.00	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: H.A.ROIIE Name (Street Suite B
Hollywood FL City, S	udress
Colle ca 10 e Jahoo. 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: URBAN PR	opeeties" Group	INC.		
ARTICLE II PRINCIPAL OFFICE				
Principal street address	Mailing address	s, if different is:		
2241 GREENE STREET P	SAME			
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:	A SElling	10PING		
Buying	a SElling			
ARTICLE IV SHARES The number of shares of stock is: /				
Name and Title: H. Anthony ROIJE CET				
Address:	Address:	<u> </u>		
2241 BREENE STREET HOllywood FL. 3302	<u> </u>			
Hanga 800 72. 3507				
Name and Title:				
Address:	Address:	<u> </u>		
		<u> </u>		
·-·		2 8 2		
Name and Title:		- AA		
Address:	Address:			
		·		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Name: Address: Address		-		
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is: Name: HARRY ANTHONY ROLL	1)=			
Address: 2241 BREENE STREE Hellywood FL 330	7 20			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, \(\Gamma\) am familiar with and accept the appointment as registered agent and agree to act in this capacity				
Required Signature/Registered Agent		8/8//3		
		Dail		
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.				
A Ce pall		8/8//5		
Required Signature/Incorporator		Date		