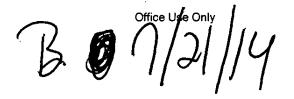
## P1400061306

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





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IN JUL 18 PM 3: 20

## **COVER LETTER**

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

SUBJECT: Ar	NERICAN REA	ALTY PARTN	ELCS INC.	_	
(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	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: AMERICAN REACTY PARTNERS INC,  Name (Printed or typed)  2539 SOUTH BAYSHORE DR, SUITE 425					
Address  MIANI FLUNIAA 33133  City, State & Zip					
305 285 099 1  Daytime Telephone number					
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 corporation	<b>©</b> on shall be:	AME	LICAN	REAL	TY PARTN	rrs in
ARTICLE II PRIN	CIPAL OFFIC Principal street				failing address, if differ	ent is:
2539 5.	BAYSI	HORE	DR			
MIAMI	FL	33133	<del></del>			
SULTE	425	······································	<del></del>			
ARTICLE III PURP	OSE		<b>T</b> .	~ 8		E . 0
The purpose for which the	e corporation is	organized is: _	10	Do B	パエッチとと	FOR
PROFIT	JN	FLORI	PA			
					-	
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						<b>1</b>
			<del></del>			
						<del></del>
ARTICLE IV SHAI		500				7
The number of shares of s	tock is:	500		<del>n.</del>		မ မ မ
ARTICLE V INIT	IAL OFFICER	S AND/OR D	IRECTORS			20
Name and Title:				JR	PRESI	PENT
				04		
	2539				· · · · · · · · · · · · · · · · · · ·	
	MEAM	I FL	3315.	. <b>3</b>		
-				-		
N. 170%				Name and This		
Name and Title:_						
Address _				Address: _		·····
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				-		
Name and Title:_				Name and Title:		
Address				Address: _		
				-		

Name and	d Title: Name	and Title:
Address	Addre	ess:
ARTICLE VI The name and Fl	orida street address (P.O. Box NOT acceptable) of the reg	distered agent is:
Name:	EULENE A HANCOCK JR	
Address:	2539 S BAYSHOPR DR	
	MIAMT FL 33133	
ARTICLE VII	INCORPORATOR	— Gillian / S
The name and ad	Idress of the Incorporator is:	P
Name:	EULENE A HANLOCK ?	ر بر الم
Address:	EULENE A HANLOCK D 2539 S BAYSHOLL D	20 E
	MIAMI, FL 33133	
I submit this doci	ned ag registered agent to accept service of process for the appointment as registered and accept the appointment as registered Required Signature/Registered Agent and affirm that the flacts stated herein are true. I	agent and agree to act in this capacity  Date  am aware that the false information submitted in a
document to the L	Department of Style constitutes a third degree felony as pro-	ovided for in s.817.155, F.S