(Requestor's Name)					
(Address)					
(Address)					
(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



200262289712

10/06/14--01026--011 **70.00

FILED FILED

41/8/01

COVER LETTER

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

Turiditacsoo, T D DD			
_{SUBJECT:} Sai	lors Choice Real	ty Inc	
SUBJECT:		ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	1 a check for:
\$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CC	N I REQUIRED
1	inda Diadon		
FROM:	inda Risden		· · · · · · · · · · · · · · · · · · ·
		e (Printed or typed)	
6	526 S Kanner Hi	ghway #369	
		Address	
S	tuart FL 34997		1.2
	City	, State & Zip	- E
9	54-257-6886		NE 80
•	Daytime '	Telephone number	

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

-:

risden@Bellsouth.net
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NA. The name of the corpora	ME Sailors Choice	Realty Ind	FILED
ARTICLE II PR	INCIPAL OFFICE Principal street address INER Highway		14 OCT -6 PM 4: (Mailing address, if different is: SEUNCIANI OF STATE TALLAHASSEE, FLORE)
#369			
Stuart Florid	da 34997		
ARTICLE III PUR The purpose for which	the corporation is organized is:	Estate	
	TIAL OFFICERS AND/OR DIRECTO	PRS	Martin T Risden, VP
Name and Titl	6526 S Kanner Highway		6526 S Kanner Highway
Address	#369	Address:	#369
	Stuart FL 34997		Stuart FL 34997
Name and Title	»:	Name and Title	·
Address		Address:	
Name and Title	e:	Name and Title	:
Address		Address:	

ETERED AGENT Set address (P.O. Box NOT acceptable da Risden S Kanner Hwy #369 art FL 34997 EPORATOR the Incorporator is: nda Risden 26 S Kanner Highway #369 tuart FL 34997		t is:
tet address (P.O. Box NOT acceptable da Risden S S Kanner Hwy #369 art FL 34997 PPORATOR the Incorporator is: nda Risden 26 S Kanner Highway #369	of the registered agen	t is:
tet address (P.O. Box NOT acceptable da Risden S S Kanner Hwy #369 art FL 34997 PPORATOR the Incorporator is: nda Risden 26 S Kanner Highway #369	of the registered agen	t is:
da Risden S Kanner Hwy #369 art FL 34997 PORATOR the Incorporator is: Inda Risden 26 S Kanner Highway #369	or the registered agent	LIS.
art FL 34997 PPORATOR the Incorporator is: nda Risden 26 S Kanner Highway #369		
he Incorporator is: nda Risden 26 S Kanner Highway #369		
he Incorporator is: nda Risden 26 S Kanner Highway #369		
nda Risden 26 S Kanner Highway #369		
26 S Kanner Highway #369		
tuart FL 34997		
ar with and accept the appointment as	ess for the above state registered agent and a	ed corporation at the place designated in gree to act in this capacity
\mathcal{A}		Date /
d affi lm that the facts stated herein a nt of Stage constitutes a third degree fe	re true. I am aware ti ony as provid <mark>ed</mark> for in	hat the false information submitted in a s.817.155, F.S.
7		10/1/14
Required Signature/Incorporator		Date
,		FILED 14 OCT -6 PM SECRETARY DE ST IALLMIASSEE, FEL
	Required Signature/Registered Agent and affirm that the facts stated herein a ent of State constitutes a third degree fel	nd affirm that the facts stated herein are true. I am aware the of State constitutes a third degree felony as provided for in