P150000017841

(Re	equestor's Name)	
Ų	4	
(Ād	ldress)	
、 ···	,	
(Ad	ldress)	
,	•	
(Cit	ty/State/Zip/Phone	: #)
•	,	•
PICK-UP	WAIT	MAIL
		•
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	riling Officer.	

Office Use Only



700269720037

02/23/15--01011--004 **70.00

1/11

COVER LETTER

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

SUBJECT: IVIIC	naei Richter, inc	•	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
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	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
		e (Printed or typed)	
90	2 Clint Moore R	Address	
В	oca Raton, FL 3	3487	
56	City 61-445-2201	, State & Zip	
	Daytime 7	Telephone number	
lis	gar@bellsouth.net		
	E-mail address: (to be use	ed 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)

LE II PR	NCIPAL OFFICE	
	Principal street address	Mailing address, if different
Clint Mod	ore Road, Ste. 120	
a Raton,	FL 33487	-
	Pose Real e	estate sales
rpose for which	the corporation is organized is:	
		
	47-14-74 - 14 - 14 - 14 - 14 - 14 - 14 -	
71 P 10 CH	4000	
CLE IV SH	ARES 100	
CLE IV SH	ARES 100	
CLE V INI	TIAL OFFICERS AND/OR DIRECTO	RS.
CLE V INI		RS Name and Title:
CLE V INI	TIAL OFFICERS AND/OR DIRECTO	
CLE V INI	tial officers and/or directo Michael Richter, Pres.	Name and Title:
CLE V INI	TIAL OFFICERS AND/OR DIRECTO e. Michael Richter, Pres. 902 Clint Moore Road	Name and Title:
CLE V INI	mat officers and/or directors. Michael Richter, Pres. 902 Clint Moore Road Suite 120	Name and Title:
Name and Titl Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title:
Name and Titl Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title: Address: Name and Title:
Name and Title Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title: Address: Name and Title:
Name and Title Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title: Address: Name and Title:
Name and Title Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title: Address: Name and Title:
Name and Title Address Name and Title Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title: Address: Name and Title:
Name and Title Address Name and Title Address	Michael Richter, Pres. 902 Clint Moore Road Suite 120 Boca Raton, FL 33487	Name and Title: Address: Name and Title: Address: Name and Title:

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
the <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Michael Richter	_
Address:	902 Clint Moore Rd., Ste 120)
	Boca Raton, FL 33487	<u></u>
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:	
	Michael Richter	
Name:		_
Address:	902 Clint Moore Rd., Ste. 120) -
	Boca Raton, FL 33487	_
Having been nan	ned as registered agent to accept service of process a <u>m fa</u> miliar with and accept the appointment as reg	s for the above stated corporation at the place designat gistered agent and agree to act in this capacity
MATERIAL	CHTE/S Required Signature/Registered Agent	2/17/15 Date
MICHAEL RI I submit this doc	CHTE/? Required Signature/Registered Agent ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	Date true. I am aware that the false information submitted