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COVER LETTER

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

SUBJECT: DEC	CO Real Estate I		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 of
		ADDITIONAL COPY REQUIR	
	919 W Broward E		
		Address	
P	lantation, Florida	33317	
	City	State & Zip	
78	36 704-6600		
	Daytime 1	Celephone number	
de	ecobeach@aol.com		
		d 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)

	NCIPAL OFFICE		Mailing address, if different is:	
110 W Brow	Principal street address	Mailing ad		
6919 W Broward Blvd. #294 Plantation Florida 33317				
				
TICLE III PUR purpose for which	the corporation is organized is: Real es	tate investments	S	
			> B	
			100 S	
			- <u> </u>	
· · · · · ·				
TICLE IV SH	APES 4000 N			
TICLE IV SH	ARES 1000. No par			
	ARES 1000. No par tial officers and/or director	<u> </u>		
TICLE V INI			THE STATE OF	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		FINE CONTRACTOR	
Name and Titl	TIAL OFFICERS AND/OR DIRECTOR Troy Santamaria, Director & Officer	Name and Title:	FINE CONTRACTOR	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Troy Santamaria, Director & Officer 6919 W Broward Blvd #294 Plantation Florida 33317	Name and Title:Address:		
Name and Titl Address	Troy Santamaria, Director & Officer 6919 W Broward Blvd #294	Name and Title:Address:		
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Troy Santamaria, Director & Officer 6919 W Broward Blvd #294 Plantation Florida 33317	Name and Title: Address: Name and Title: Address:		
Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR Troy Santamaria, Director & Officer 6919 W Broward Blvd #294 Plantation Florida 33317	Name and Title: Address: Name and Title: Address:		
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Troy Santamaria, Director & Officer 6919 W Broward Blvd #294 Plantation Florida 33317	Name and Title: Address: Name and Title: Address:		

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Troy Santamaria	_	
Address:	6919 W Broward Blvd #294		
	Plantation Florida 33317	-	
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Troy Santamaria		
Address:	6919 W Broward Blvd #294	_	
	Plantation Florida 33317	_	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	Jean Carton	1000	March 12, 2015
	Required Signature/Registered Agent	41.4	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
	Required Signature/Incorporator	u,2	March 12, 2015
	Required Signature/Incorporator		Date