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(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
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Certified Copies	Certificates	s of Status
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03/16/15--01049--029 **128.75

SECRETARY OF STATE



COVER LETTER

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

SUBJECT:	DOMESTICATION
Enclosed is a	an original and one (1) copy of the Certificate of Domestication and a check for:
FEES:	
Artic	ficate of Domestication \$ 50.00 les of Incorporation and Certified Copy \$ 78.75 to domesticate and file \$128.75
<u>OPTIONAL</u>	<u></u>
Certi	ficate of Status \$ 8.75
	Name (printed or typed)
	Address
	City, State & Zip
	(917) 916-6055
	Daytime Telephone Number
	gtgti@aol.com
	E-mail address: (to be used for future annual report notification)



CERTIFICATE OF DOMESTICATION

15 MAR 16 PM 3: 58

The undersigned, Gary Troy	President	SECRETARY (15 gran
(Name)	(Title) A LAHASSEE FLORI
of Urban Property Management 4642 Corp	F13-71	_a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, doe	es hereby certify:	
1. The date on which corporation was first formed v	was December 19	, 2012
The jurisdiction where the above named corporate came into being was Nevada	tion was first formed, inc	corporated, or otherwise
3. The name of the corporation immediately prior to was Urban Property Management 4642		cate of Domestication
4. The name of the corporation, as set forth in its art	ticles of incorporation, to	be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is Urban Property Management 4642 Cor	rp	
 The jurisdiction that constituted the seat, siege so administration of the corporation, or any other eq immediately before the filing of the Certificate of Nevada 	uivalent jurisdiction und	
6. Attached are Florida articles of incorporation to c to s. 607.1801.	complete the domesticati	on requirements pursuant
I am Gary Troy , of Urban Property M	lanagement 4642 C	orp
and am authorized to sign this Certificate of Domesti so this the 12 day of March	ication on behalf of the c	orporation and have done , 2015 .
Can Tuo	7	
(Authorized	dignature)	
Filing	Fee:	

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy \$ 78.75
Total to domesticate and file \$128.75



ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

15 MAR 16 PM 3:58

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Urban Property Management 4642 Cor	гр
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS Principal Address 4640 SW 33 Ave, #4	s is: Mailing Address 4640 SW 33 Ave, #4
Ft Lauderdale, FL 33312	Ft Lauderdale, FL 33312
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGA Real Estate	ANIZED:

ARTI	CLE 1	TV	он Д	RES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
CVCD - Gary Troy	PVPS - Gary Troy
4640 SW 33 Ave, #4	4640 SW 33 Ave, #4
Ft Lauderdale, FL 33312	Ft Lauderdale, FL 33312
Title/Name	Title/Name
T - Gary Troy	N/A
4640 SW 33 Ave, #4	
Ft Lauderdale, FL 33312	
Title/Name	Title/Name
N/A	N/A
Title/Name	Title/Name
N/A	N/A

Gary Troy		
4640 SW 33 Ave, #4		
Ft Lauderdale, FL 33312		
ARTICLE VII INCORPORATOR		
THE NAME AND ADDRESS OF THE INCORPORATOR IS:		
4040 014400		
4640 SW 33 Ave, #4		
<u> </u>		
Ft Lauderdale, FL 33312		
Ft Lauderdale, FL 33312 *********************************	CERTIFICATE, I AM FAMILIAR WITH AND REE TO ACT IN THIS CAPACITY.	
Ft Lauderdale, FL 33312 *********************************	CERTIFICATE, I AM FAMILIAR WITH AND REE TO ACT IN THIS CAPACITY. 3/12/2015	
Ft Lauderdale, FL 33312 *********************************	CERTIFICATE, I AM FAMILIAR WITH AND REE TO ACT IN THIS CAPACITY. 3/12/2015 Date	
######################################	CERTIFICATE, I AM FAMILIAR WITH AND REE TO ACT IN THIS CAPACITY. 3/12/2015	

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: