P1500035186

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	. WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
I				
		,		

Office Use Only



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COVER LETTER

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

1 4114111111111111111111111111111111111			
SUBJECT: Sou	theast Florida R	ealty, INC	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	ichael Ross	e (Printed or typed)	
23	3301 Lago Mar C	`	
 		Address	
В	oca Raton, FL 33	3433	
	City,	State & Zip	

561-409-6078

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

Daytime Telephone number

michael_ross@live.com

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)

The name of the corpora	ME Southeast Floridation shall be: Southeast Floridation	da Realty, INC	
23301 Lago Boca Raton		Mailing addres	ss, if different is:
ARTICLE III PUR The purpose for which t Estate comp	PPOSE the corporation is organized is: New boany.	usiness created	for my Real
ARTICLE V INT	ARES 10,000,000 TIAL OFFICERS AND/OR DIRECTOR Michael Ross - CEO 23301 Lago Mar Circle Boca Raton, FL 33433	Name and Title:Address:	15 APR 15 PH 1: 39
Address	:	Address:	
Address			

Name and	a riue.	Name and Title:
Address		Address:
RTICLE VI he name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Kristen Ross	
Address:	23301 Lago Mar Circle	
	Boca Raton, FL 33433	- I s
RTICLE VII	INCORPORATOR	APR I
he <u>name and ad</u>	Idress of the Incorporator is:	
Name:	Michael Ross	
Address:	23301 Lago Mar Circle	
	Boca Raton, FL 33433	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	
	Austruckass	4/8/15
	Required Signature/Registered Agent	Date
submit this doc	ument and affirm that the facts stated herein are	e true. I am aware that the false information submitted i
ocument to the l	Department o <u>f State</u> constitutes a third degree felo	ny as provided for in s.817.155, F.S.
		4/8/15
juu	Required Signature/Incorporator	Date
ı	(