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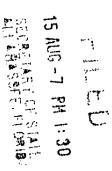
(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

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

THE TEAT.	AUGHTRY PA		
SUBJECT:	(PROPOSED CORPORA	TE 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 Status
		ADDITIONAL COPY REQUIR	
FROM:	Name	e (Printed or typed)	
	 	Address	
MIA	AMI, FL 33179		, a.,a.
786	City,	State & Zip	
	Daytime T	elephone number	MAN TO THE TOTAL TO THE TANK T
ritali ———	imad@yahoo.com	d for future annual report i	~~ <u>~~</u> ~~

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

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

<i>TICLE II PRII</i> 51 NE 214 ST	NCIPAL OFFICE Principal street address	Mailing 1351 NE 214 ST	address, if different is:
MIAMI, FL 33179		MIAMI, FL 33179	
TICLE III PUR purpose for which	POSE n the corporation is organized is:	AL ESTATE AGENT	
FICIE IV SUA	DEC		
	of stock is:		
number of shares of	of stock is: IAL OFFICERS AND/OR DIRECTO tle: 1351 NE 214 ST		
number of shares of the shares of the share of the share and Ti	of stock is: IAL OFFICERS AND/OR DIRECTO tle: 1351 NE 214 ST	Name and Title:	
number of shares of the shares of the share and Ting Address	of stock is: IAL OFFICERS AND/OR DIRECTO tle: 1351 NE 214 ST	Name and Title: Address:	SSEE - 7 PM
number of shares of the shares of the share and Ting Address	of stock is: IAL OFFICERS AND/OR DIRECTO tle: 1351 NE 214 ST MIAMI, FL 33179	Name and Title: Address: Name and Title:	AND AND TO SEE OF THE PROPERTY
number of shares of TICLE V INIT Name and Ti Address Name and Tit Address	of stock is: IAL OFFICERS AND/OR DIRECTO tle: 1351 NE 214 ST MIAMI, FL 33179	Name and Title: Address: Name and Title: Name and Title:	SATURE TO STATE OF ST

Name a	and Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:
Name:	RITA DAUGHTRY	
Address:	1351 NE 214 ST	
	MIAMI, FL 33179	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	₹₹Ţ <-
Name:	RITA DAUGHTRY	
Address:	1351 NE 214 ST	
	MIAMI, FL 33179	**************************************
Effective date, i	date is listed, the date must be specific a	(OPTIONAL) nd cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the a effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.
		of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
		08-04-15
	Required Signature/Registered A	gent 08-04-15 Date
		erein are true. I am aware that the false information submitted in a
document to the	2-Department of State constitutes a third dep	gree felony as provided for in s.817.155, F.S.
(/4	ita Hound to	08-04-15 Date
Reti	uired Signature/Incorporator	Date