## P/600000/29

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE THATE THE CHAPGRATION THE DEC 21 PH 12: 08

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## **COVER LETTER**

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

SUBJECT: Jupit	er's Best Realty Group, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:		
Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Jupiter's Best Realty Group, Inc.  Name (Printed or typed)  9270 W. Indiantown Road, Suite C-6				
_		Address			
	Supiter, FL 33478				
<del>-</del>	City,	State & Zip			
:	561-744-0220				
	Daytime T	elephone number			
I	.eo@JupitersBestRealty.com				
_	E-mail address: (to be use	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)				
ARTICLE I NAME The name of the corporat	ion shall be:	ip, Inc.	EC 2	- 38 - 38 -
	IPAL OFFICE Principal street address od, Suite C-6	<u></u>	Mailing address, if different is:	STRPOS STRPOS STRPOS
Jupiter, FL 33478			2	ATE S
• •	OSE  ne corporation is organized is:  action of any or all lawful business for		which the corporation is organized	I
	a Business Corporation Act.			
Name and Title Address	LOFFICERS AND/OR DIRECTORS Leo A. Koski, President 11921 169th Court North Jupiter, FL 33478	Name and Title Address:	11921 169th Court North Jupiter, FL 33478	
				<del>-</del>
Address		Address:		
Name and Title:		Name and Title		
Address		Address:		

Name :	and Title:	Name and Title:	
Addre	ess	Address:	
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable) Leo A. Koski	of the registered agent is:	
Address:	9270 W. Indiantown Road, Suite C-6	<del></del>	
	Jupiter, FL 33478		<b>3</b>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		CKETAR FOR FAR DEC 21
The <u>name and</u>	address of the Incorporator is:		PH 25 (E)
Name:	Leo A. Koski		25. S.S.
Address:	9270 W. Indiantown Road, Suite C-6	_	ED OF STATE PRESTATE PRESTATE
Effective date,	EFFECTIVE DATE:  if other than the date of filing:  date is listed, the date must be specific and can filing.)	. (OPTIONAL) not be more than five business day	ys prior or 90 business
Note: If the da the document's	te inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, this s.	date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as i	ess for the above stated corporation registered agent and agree to act in t	at the place designated in this capacity
	a A lall	,	12/14/15
	Required Signature/Registered Agent		Date
I submit this de	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false in	nformation submitted in a
			/
Ren	uired Signature/Incorporator		12/14/15
/	Briatian or interiperation		Date

i,