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Of in trace.	iott Sanford Aroneck, PA.		
SOBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:		e (Printed or typed)	
183	2 Buccaneer Drive	Address	
Jack	csonville FL. 32223		
	City	, State & Zip	
904	-514-1247		
	Daytime 1	Telephone number	
aron	eck.b@gmail.com		
 -	E-mail address: (to be use	ed 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)

RTICLE II PRINC	<u>IPAL OFFICE</u>			
	Principal street address	I	Mailing address, if different is:	
800 First Coast Hwy. #	230	1832 Buc	1832 Buccaneer Drive. Jacksonville FL. 3222	
melia Island. FL. 3203	4			
RTICLE III PURPO he purpose for which the	OSE ne corporation is organized is: Professional I	Real Estate Servi	ces.	
				7. T.
				W. S.
TICLE IV SHARI	<u>ES</u> 100			EFFECTIVE D
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck			1-1-16
nc number of shares of RTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck	Name and Title		1-1-16
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck			1-1-16
he number of shares of **RTICLE V INITIA** Name and Title	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck	Name and Title		1-1-16
he number of shares of **RTICLE V INITIA** Name and Title Address	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck	Name and Title Address:		1-1-16
he number of shares of **RTICLE V INITIA** Name and Title Address	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck 1832 Buccaneer Dr. Jacksonville FL 32225	Name and Title Address: Name and Title	:	1-1-16
RTICLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck 1832 Buccaneer Dr. Jacksonville FL 32225	Name and Title Address: Name and Title Address:		1-1-16
nc number of shares of **RTICLE V INITIA** Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck 1832 Buccaneer Dr. Jacksonville FL 32225	Name and Title Address: Name and Title Address:		
nc number of shares of **RTICLE V INITIA** Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTORS Brett Elliott Sanford Aroneck 1832 Buccaneer Dr. Jacksonville FL 32225	Name and Title Address: Name and Title Address:		

	, , , , , , , , , , , , , , , , , , ,	Name and Title:
Addres	<u> </u>	Address:
		-
		
	REGISTERED AGENT	
The <u>name and F</u>	Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Brett Elliott Sanford Aroneck	-
Address:	1832 Buccaneer Drive. Jacksonville FL 32225	_
		-
ABTICLE VII	INCORDOD ATOR	
<u>AKIICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Brett Elliott Sanford Aroneck	-
Address:	1832 Buccaneer Dr. Jacksonville FL.32225	_
		_
	EFFECTIVE DATE: January 1 2016	(OPTIONAL)
		(OPTIONAL) It be more than five business days prior or 90 business
days after the f	iling.)	
Note: If the dat the document's	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been na	med. as recist ered agent to accept service of process	s for the above stated corporation at the place designated in
	am familiar with and accept the appointment as reg	
\searrow		do- ana
	Required Signature/Registered Agent	Sec 28 2015 Date
		true. I am aware that the false information submitted in a
uocument to the	Department of State constitutes a third degree felon	y us provided for in s.61 /.133, F.S.
		Dec. 28 20/5
Kequ	ired Signature/Incorporator	Date .

y August

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