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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

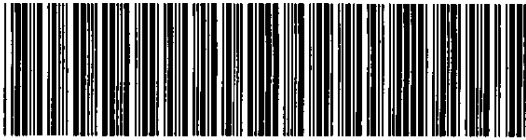
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED  
16 MAR -7 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** LAKEGROVE REALTY, INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ROGER L. ALEXANDER  
Name (Printed or typed)

1456 NW 159th LANE  
Address

PEMBROKE PINES, FL 33028  
City, State & Zip

954-805-2511  
Daytime Telephone number

roger\_alexander@bellsouth.net  
E-mail address: (to be used 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 corporation shall be: LAKEGROVE REALTY, INC. RLA

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>1456 NW 159 Lane</u> <u>Pembroke Pines, FL 33028</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: real estate brokerage or any other purpose permitted under Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares common stock no par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Roger L. Alexander, Director/President</u>	Name and Title: _____
Address: <u>1456 NW 159 Lane</u> <u>Pembroke Pines, FL 33028</u>	Address: _____ _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

APPROVED AND FILED  
16 MAR - 7 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED  
AND  
FILED

16 MAR -7 AM 7:34

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Roger L. Alexander

Address: 1456 NW 159 Lane

Pembroke Pines, FL 33028

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Roger L. Alexander

Address: 1456 NW 159 Lane

Pembroke Pines, FL 33028

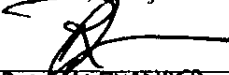
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

	_____	<u>03/02/16</u>
ROGER L. ALEXANDER	Required Signature/Registered Agent	Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

	_____	<u>03/02/16</u>
ROGER L. ALEXANDER	Required Signature/Incorporator	Date