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(Requestor's Name)						
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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SECRETARY OF STATE



APR 1 2016 S. PRATHE.

COVER LETTER

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

SUBJECT: Property	Managers of Flordia, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
1			
Enclosed are an original	ginal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIR	
FROM:	Name Box 31317	e (Printed or typed)	
		Address	
Las	Vegas, NV.89173-1317		
	City,	, State & Zip	
602	722 2139		
	Daytime 7	Telephone number	.
gpai	elli@paiellirealty.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)

18 S Jones Blvd #	NCIPAL OFFICE Principal street address	P.O. Box	Mailing address, if different is: P.O. Box 31317	
s Vegas, NV. 89118		Las Vegas, NV. 89173-1317		
RTICLE III PUR e purpose for whic	POSE h the corporation is organized is:	istate-Property Manager	ment	
			ALARE APR	
			FLORIDA TE	
RTICLE IV SHA e number of shares	<u>RES</u> 100,000 of stock is:			
e number of shares RTICLE V INIT Name and T	of stock is: TIAL OFFICERS AND/OR DIRECTOR Gregory M Paielli-President itle:	Name and Title		
e number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTOR Gragory M. Poielli, President	_	Gregory M Paielli-Secretary P.O. Box 31317 Las Vegas, NV. 89173-1317	
e number of shares RTICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTOR Gregory M Paielli-President P.O. Box 31317 Las Vegas, NV. 89173-1317 Gregory M Paielli-Treasuer	Name and Title Address:	P.O. Box 31317	
e number of shares PATICLE V INIT Name and T Address	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: Gregory M Paielli-President P.O. Box 31317 Las Vegas, NV. 89173-1317 Gregory M Paielli-Treasuer P.O. Box 31317	Name and Title Address: Name and Title	P.O. Box 31317 Las Vegas, NV. 89173-1317	
e number of shares ETICLE V INIT Name and T Address Name and Ti	of stock is: TIAL OFFICERS AND/OR DIRECTOR itle: P.O. Box 31317 Las Vegas, NV. 89173-1317 Les Gregory M Paielli-Treasuer P.O. Box 31317	Name and Title Address: Name and Title	P.O. Box 31317 Las Vegas, NV. 89173-1317	
Name and T Address Name and Ti Address	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: Gregory M Paielli-President P.O. Box 31317 Las Vegas, NV. 89173-1317 Gregory M Paielli-Treasuer P.O. Box 31317	Name and Title Address: Name and Title Name and Title Address:	P.O. Box 31317 Las Vegas, NV. 89173-1317	

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
			·
		<u></u>	
ARTICLE VI	REGISTERED AGENT		
I he name and	Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Legaline Corporate Services Inc.		•
Address:	5237 Summerlin Commons Suite 400		
	Fort Meyers, FL. 33907	<u> </u>	
APTICI E VII	INCORPORATOR		
			
The <u>name and</u>	address of the Incorporator is:		<u>≨</u> ∽ 5
Name:	Gregory M Paielli		
Address:	P.O. Box 31317		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Las Vegas, NV. 89173-1317		
			
ADTICE E LITT	I DESEMBLE NATE.		
	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	Sw I
(If an effective	date is listed, the date must be specific and ca		ys prior or 90 business
days after the	filing.)		
Note: If the da	te inserted in this block does not meet the applic	while statutory filing requirements, thi	s date will not be listed as
the document's	effective date on the Department of State's reco	rds.	0 0000 Will 1101 00 11010 00
Having been no	amed as registered agent to accept service of pro I am familiar with and accept the appointment a	ocess for the above stated corporation	n at the place designated in
inis certificate,	with Jamuar with and accept the appointment a	s registeren agent and agree to uct in	inis capacity
	Marshe Jasch.	-president	2.29.16
	Required Signature/Registered Agent		Date
I submit this d	ocument and affirm that the facts stated herein	are true. I am aware that the false	information submitted in a
document to the	e Department of State constitutes y third degree,	felony as provided for in s.817.155, F	r.s.
Then	on M (Viell		3/30/11
Ben	uired Signature/Incorporator	 ,	Date