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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			
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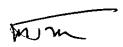




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TALLATIVSSEE, FLORID,



COVER LETTER

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

BJECT:	osvenor Appraisals, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
losed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.0 Filing Fo		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:			
	14831 Reflection Key Cir. #1712	e (Printed or typed)	
	Fort Myers, FL 33912	Address	3: 3: 5:
City, State & Zip 239-431-1839			
	•	elephone number	A A
	sgappraisals@yahoo.com		
	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)

The name of the corpora	tion shall be:			
ARTICLE II PRINC 14831 Reflection Key O	Principal street address	Mailing ad	Mailing address, if different is:	
Fort Myers, FL 33907				
ARTICLE III PURPO The purpose for which t	OSE Residentian Re	l Real Estate Appraisal Servic	es in Lee and Collier County	
ARTICLE IV SHARI The number of shares of			SECSE ARY 16 HAY 12	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		PH 3: '하	
Name and Title	Susan Grosvenor	Name and Title:	ילבו וידי	
Address	14831 Reflection Key Cir. #1712	Address:	<i></i>	
	Fort Myers, FL 33907			
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:		
Address				
		_		
Name and Title:		Name and Title:		
Address		Address:		

Name	and Title:	Name and Title:		
Addre	ess	Address:		
				
		<u> </u>		
ARTICLE VI	REGISTERED AGENT			
The <u>name and</u>	Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:		
Name:	Susan Grosvenor			
Address:	14831 Reflection Key Cir. #1712			
	Fort Myers, FL 33907			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		5	Ecc
The <u>name and</u>	address of the Incorporator is:			
Name:	Susan Grosvenor		2	- 13-m - 12-13
Address:	14831 Reflection Key Cir. #1712		3	F120
	Fort Myers, FL 33907		<u>(,)</u>	 2 <u>2</u>
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca filing.)	. (OPTIONA	AL) ness days prior or 90 b	ousiness
Note: If the da	te inserted in this block does not meet the applicate effective date on the Department of State's recor	ble statutory filing requireme is.	ents, this date will not be	listed as
Having been no his certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment as	cess for the above stated corp registered agent and agree to	ooration at the place des a act in this capacity	ignated in
Jusan M. Drowens			04/26/2016	
Required Signature/Registered Agent			Date	
submit this de locument to the	ocument and affirm that the facts stated herein of Department of State constitutes a third degree for	are true. I am aware that the clony as provided for in s.817.	e false information subi	nitted in a
Sus	an M Growenor		04/26/2016	
Req	uired Signature/Incorporator	12. 12. 11. 1	Date	