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(City/State/Zip/Phone #)

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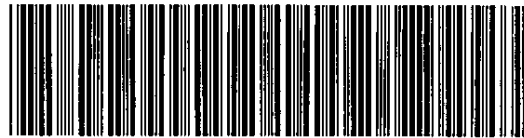
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2016 OCT -3 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RESIDENTPORT, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SCOTT D. FOELLER, ESQUIRE

Name (Printed or typed)

2033 WOOD STREET, SUITE 200

Address

SARASOTA, FL 34237

City, State & Zip

941-955-7300

Daytime Telephone number

SDF@HODGESAVRUTIS.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)

ARTICLE I NAME

The name of the corporation shall be: RESIDENTPORT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2033 WOOD STREET

SUITE 200

SARASOTA, FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide an online portal for residential rental communities
and their residents to communicate, pay rental fees

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matt Ortner, President

Name and Title: _____

Address 515 9th Street E, #200

Address: _____

Bradenton, FL 34208

Name and Title: Scott D. Foeller, Esquire, VP

Name and Title: _____

Address PO Box 4137

Address: _____

Sarasota, FL 34230

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2016 OCT -3 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SCOTT D. FOELLER, ESQUIRE

Address: 2033 WOOD STREET, SUITE 200

SARASOTA, FL 34237

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

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

Name: SCOTT D. FOELLER, ESQUIRE

Address: 2033 WOOD STREET, SUITE 200

SARASOTA, FL 34237

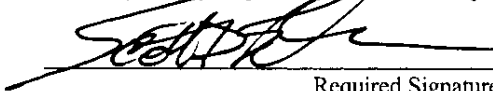
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

9-28-16

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.



Required Signature/Incorporator

9-28-16

Date