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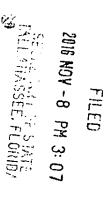
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT: Capital Commercia (PROPOSED CORPORAT	Realty Group, Inc
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$\sqrt{1}\\$78.75 \$\sqrt{2}\\$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	Mined PA (Printed or typed) Street, Ste. 214 ddress

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: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: real esta ARTICLE IV SHARES The number of shares of stock is: \(\begin{aligned} \tau O \\ \end{aligned} \] ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: residen 214 Address: Address 9000 Name and Title: ______ Name and Title: Address _____ Address: Name and Title: ______ Name and Title: ______ Address _____ Address:

Name and Title:	Name and Title:	FILED
Address	Address:	2016 NOV -8 PM 3: 0
		Standard Control
····		ALL HASSEE, FLORID
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. B	ox NOT acceptable) of the registered agent is:	
Name: Kizwen Ah	med PA	
Address: 9000 NW 44	Street, Ste. #21	'4
Address:		,
Jurise, T	33351	
ADDICE HALL ANGODROD (TOD		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Kizwan A	honed, 14	
Address: 9000 NW 44	Street, Ste. # 211	4
Address.		
Junrise, 7	4 33357	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIO	NAL)
(If an effective date is listed, the date must	be specific and cannot be more than five b	usiness days prior or 90 b
days after the filing.)		
Note: If the date inserted in this block does not the document's effective date on the Department		ements, this date will not be
the document's effective date on the Departme	icht of State's records.	
Having been named as registered agent to ac		
this certificate, I am familiar with and accept	the appointment as registered agent and agre	ee to act in this capacity
+ alub		11-01.
Required Signature	e/Registered Agent	11 - 01. Date
I submit this document and affirm that the f	facts stated herein are true. I am aware that	t the false information subn
document to the Department of State constitu		
	· * //	
Required Signature/Incorporator	- I april	Date

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