P160000938 96

| (Re | questor's Name) | | | |
|-------------------------|------------------|-------------|--|--|
| (Add | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000292679030

11/28/16--01054--014 **70.00

SECRETARY OF STALL OIVISION OF CURTON ALL

11/29/16

November 22, 2016

Department of State
Division of Corporations

Clifton Building 2661 Executive Center Drive Tallahassee, FL 32301

Reference: Heiko Strauss PA

Florida Document Number: P15000012072

Dear Department:

It has come to our attention that our corporation

was dissolved administratively.

At this time I would like to release our document number P15000012072 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Since lely,

Heiko Strauss, President

2016 NOV 28 PH 2: 15

COVER LETTER

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

| SUBJECT: HEI | KO STRAUSS PA | | |
|-----------------------|-------------------------------------|-------------------------------------|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an | original and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| ■ \$70.0 Filing Fe | • | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | OPY REQUIRED |
| FROM: | | ne (Printed or typed) | |
| | 1706 SW 53RD LANE | | |
| | | Address | |
| | CAPE CORAL, FL 33914 | | |
| | City | , State & Zip | |
| | 239-989-7930 | | |
| | · | relephone number | |
| | info@floridadream-services.com | | |
| | E-mail address: (to be use | ed 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 corporat | ion shall be: HEIKO STRAUSS PA | | |
|--|--|---|---|
| ARTICLE II PRINC | Principal street address | dress Mailing address, if different is: | |
| CAPE CORAL, FL 339 | | | |
| The corporation is in the | OSE the corporation is organized is: the business of real estate only and may engular the state of Florida. | | |
| | | | SEC 518 518 518 518 518 518 518 518 518 518 |
| ARTICLE IV SHARI The number of shares of | ES 100 shares @ \$1.00 par value per stock is: | r share | REPARY OF SOME OF CORRESPONDENCE 28 PM |
| | L OFFICERS AND/OR DIRECTORS HEIKO STRAUSS, PRESIDENT | Name and Title: | 2: 15 15 |
| Address | 1706 SW 53RD LANE | | |
| | CAPE CORAL, FL 33914 | | |
| Name and Title: | · | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name and Title: | | | |
| | | | |

| Address | | | |
|--|---|---|---|
| | | Address: | |
| | | | |
| | | | |
| | EGISTERED AGENT rida street address (P.O. Box NOT accepta | ble) of the registered agent is: | |
| Name: | LAWRENCE SWAN | ore) of the regional daugent is: | |
| Address: | 709 CAPE CORAL PKWY W | | SIGNI SIAI SEC |
| | CAPE CORAL, FL 33914 | | NON BEE |
| ARTICLE VII II | NCORPORATOR | | FILED F SORRE |
| The name and add | Iress of the Incorporator is: | • | 2: |
| Name: | HEIKO STRAUSS | | ਹ ਡੁੱ ^ਸ |
| Address: | 1706 SW 53RD LANE | | |
| | CAPE CORAL, FL 33914 | | |
| Effective date, if o | EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and | . (OPTIONAL) cannot be more than five days pr | rior or 90 days after the |
| | nserted in this block does not meet the applective date on the Department of State's rec | | , this date will not be listed as |
| Having been name this certificate, I as | ed as registered agent to accept service of p m familiar with and accept the appointment | rocess for the above stated corpord as registered agent and agree to a | ation at the place designated in ct in this capacity |
| No me | e fr | | 11/20/16 |
| | Required Signature/Registered Ages | nt | Date |
| I submit this docu | ment and affirm that the facts stated here epartment of State constitutes a third degre | n are true. I am aware that the fa | alse information submitted in a |
| | | genery no province you in 5017.13 | 1/2-1.1 |
| Pagnin | ed Signature/Incorporator | | 11/6 |