## Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000317323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

: (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cmail	Address:	•			
	7441 433	*	 	 	

## FLORIDA PROFIT/NON PROFIT CORPORATION S.P. REAL INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

N. SAMS ted 0 3 2017

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

H17000031732

Florida Department of State

Attention: New Filings Section

To whom it may concern:

The free difference of the second of the sec

This is to advise you that the owners of S. P. Real Inc.

P09000102097 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

H17	000031732
ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit) TAX ID: 27-1545728	17 FEB-2 MA
S. P. Real INC.	ALL THE CORE FLA
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
4030 SW 94 AV Miami FL 33165	
ARTICLE III SHARES: The number of shares of stock is: 100	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	<u>S:</u>
Sandra P REAL (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD	DRESS:
The name and Florida street address (PO Box not acceptable) of the registere Sandra P REAL	ed agent is:
<u>4030 SW 94 AVE</u> Miami FL 33165	
ARTICLE VI INCORPORATOR: The name and address of the Incorp	oorator is:
Sandra P REAL UDBO SW 94 AVE	
Migmi FL 33165	

H17000031732

## Required Signatures:

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

Registered Agent 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.

Date