

P17 0000 14694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

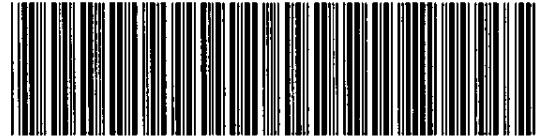
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 16 2017

COVER LETTER

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

SUBJECT: Monopoly investment Group 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: TROY FRANCIS
Name (Printed or typed)

13840 NE 6th AVE Apt #314
Address

WORTH MIAMI FL 33161
City, State & Zip

(786) 494-3271
Daytime Telephone number

TFrancis11c@gmail.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: Monopoly investments Group inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3130 W. Pembroke Park Rd
Hallandale Beach, FL 33009

13840 NE 6th Ave #314
N. Miami, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful Business

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Troy Francis
Address: 13840 NE 6th Ave
Apt # 314
N. Miami FL 33161

Name and Title: owner/President
Address: /

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Shereen Hart
Address: 1112 Weston RD Suit 137
Weston, FL 33326

ARTICLE VII INCORPORATOR

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

Name: TROY FRANCIS
Address: 13840 NE 6th ave # 314
N. Miami, FL 33161

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

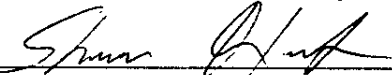
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/2/17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

2/1/17
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

2/1/17
Date