

P17000098585

(Requestor's Name)

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(Business Entity Name)

(Document Number)

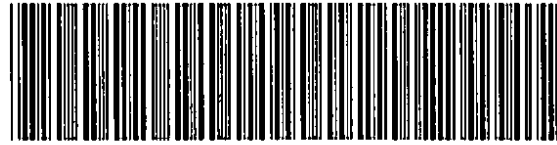
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PATRICK PROPERTIES REAL ESTATE 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: Julia Greenberg - Aguilar

Name (Printed or typed)

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

paul.patrick@petrudev.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: PATRICK PROPERTIES REAL ESTATE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6345 BELL SCHOOL LINE, MILTON,

ONTARIO CANADA L9E0N3

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate investment.

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ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul H. Patrick - President

Address 6345 BELL SCHOOL LINE, MILTON,
ON, CANADA L9E0N3

Name and Title: Timothy Charleton Patrick - Vice president

Address: 2 GLADSMORE CRES, TORONTO,
ON, CANADA M9W3Y6

Name and Title: Paul H. Patrick - Secretary

Address 6345 BELL SCHOOL LINE, MILTON,
ON, CANADA L9E0N3

Name and Title: Benjamin Joseph Patrick - Treasurer

Address: 6345 BELL SCHOOL LINE, MILTON
ON, CANADA L9E0N3

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: _____
Incorp Services, Inc

Address: _____
17888 67th Court North

Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

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

Name: _____
Jomark Reyes

Address: _____
1 Radisson Plaza, Ste.800

New Rochelle, NY 10801

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TALLAHASSEE, FLORIDA

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 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

12/06/2017

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

12/06/2017

Date