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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Linky Marile) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Speciał Instructions to Filing Officer: |
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Office Use Only

N. SAMS JAN 29 2018



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18 JAN 25 PM 3: 45

COVER LETTER

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

| ECT: | ry Osborne PA (PROPOSED CORPO | RATE NAME | - <u>Mu</u> st incl | UDE SUFFIX) |
|-----------------|----------------------------------|-----------------|---------------------|---|
| sed are an | original and one (1) copy of the | articles of inc | orporation an | d a check for: |
| S70.0 Filing Fe | | & Cer | Fee tified Copy | S87.50 Filing Fee, Certified Co & Certificat Status DPY REQUIRE |
| FROM | Terry Osborne | ame (Printed o | typed) | |
| | PO Box 2761 | | | |
| | Seat Walker Breach El. 20540 | Address | | |
| | Fort Walton Beach, FL. 32549 | ity, State & Zi | p | |
| | 850-499-1372 | | | |
| | - | e Telephone n | umber | - |
| | tosbornerealtor@gmail.com | | | |

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 corpora | ation shall be: | | | | | |
| ARTICLE II PRING | CIPAL OFFICE Principal street address | | Mailing add | dress, if different is: | | |
| Fort Walton Beach, F | L. 32548 | | Fort Walton Beach, FL. 32549 | | | |
| | OSE the corporation is organized is: asing, sale and purchase as defined | <u></u> [_ | | a to include Real Estate Associate license. | | |
| | | | | | | |
| ARTICLE IV SHAR The number of shares of ARTICLE V INITIA | | | | 18 JAN 25 PH | | |
| Name and Titl | Terry Osborne President | Nan | ne and Title: | 08. 4. C | | |
| Address | PO Box 2761 | Ado | dress: | | | |
| | Fort Walton Beach, FL. 32549 | | | | | |
| Name and Title | :: | Nan | ne and Title: | | | |
| Address | | | | | | |
| Numa and Title | : | | | | | |
| | | | | | | |
| Address | | Add | | | | |
| | | | | | | |
| | | | | | | |

| The name and address of the Incorporator is: Name: Address: PO Box 2761 Fort Walton Beach, FL. 32549 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days afterfiling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 of this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information su document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | Name and | Title: | Name and Title: |
|--|----------------------|---|--|
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Terry Osborne 771 Rockport CT. Unit 1 Fort Walton Beach, FL. 32548 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PO Box 2761 Fort Walton Beach, FL. 32549 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be information at 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 of this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 1/23/2018 Required Signature/Regishered Agent Date I submit this document and affirm that the facts stated herein are trace. I am aware that the false information su document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | Address | | Address: |
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| ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing: | : name and add | <u>Iress</u> of the Incorporator is: | \$1. \text{S} \tag{\tau} |
| ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing: | Name: | Terry Osborne | |
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| document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | Required Signature/Registered Age | nt Date |
| Required Signature/Incorporator Dat | | | |
| Required Signature/Incorporator Dat | 7.0 | | 1/23/2018 |
| | Requir | ed Signature/Incorporator | Date |