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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FASTKIT CORP
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FLORIDA INFORMATION SERVICES
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CORPORATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
TERRACECOURT PROPERTY MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Proft)

ARTICLE I NAME

The name of the corporation shall be: TERRACECOURT PROPERTY MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1519 NW 110 TERR

CORAL SPRINGS, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PURCHASE PROPERTY AND PROVIDE MANAGEMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANNE K. GREAVES PRESIDENT

Name and Title: DIANNE K. GREAVES SECRETARY

Address 1519 NW 110 TERR

Address: 1519 NW 110 TERR

CORAL SPRINGS, FLORIDA 33071

CORAL SPRINGS, FLORIDA 33071

Name and Title: DIANNE K. GREAVES TREASURER

Name and Title: _____

Address 1519 NW 110 TERR

Address: _____

CORAL SPRINGS, FLORIDA 33071

Name and Title: _____

Name and Title: _____

Address: _____

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: DIANNE K. GREAVES
Address: 1519 NW 110 TERR
CORAL SPRINGS, FLORIDA 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIANNE K. GREAVES
Address: 1519 NW 110 TERR
CORAL SPRINGS, FLORIDA 33071

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

3/26/2018

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

3/26/2018

Date