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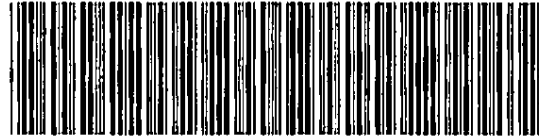
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2018 APR -5 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** CELESTE M. ACOSTA 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:** CELESTE M. ACOSTA REAL ESTATE, INC.  
\_\_\_\_\_  
Name (Printed or typed)  
  
2041 ESPLANADE ST  
\_\_\_\_\_  
Address  
  
NAVARRE, FL 32566  
\_\_\_\_\_  
City, State & Zip  
  
\_\_\_\_\_  
Daytime Telephone number  
  
\_\_\_\_\_  
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: CELESTE M. ACOSTA REAL ESTATE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2041 ESPLANADE ST

NAVARRE, FL 32566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CELESTE M. ACOSTA, PRESIDENT

Address: 2041 ESPLANADE ST

NAVARRE, FL 32566

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**FILED**  
**2018 APR -5 PM 3:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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: CELESTE M. ACOSTA  
Address: 2041 ESPLANADE ST  
NAVARRE, FL 32566

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CELESTE M. ACOSTA  
Address: 2041 ESPLANADE ST  
NAVARRE, FL 32566

**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*

Celeste M. Acosta  
Required Signature/Registered Agent

29 MARCH 18  
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.*

Celeste M. Acosta  
Required Signature/Incorporator

29 MARCH 18  
Date