## P1800038608

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

MIR Office Use Only 5653

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SECRETARY OF SILLE



April 25, 2018

GERALD MILLER 7401 WILES RD #102 CORAL SPRINGS, FL 33067

SUBJECT: REFERRAL PROPERTIES INCORPORATED

Ref. Number: W18000035653

We have received your document for REFERRAL PROPERTIES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 818A00007575

www.sunbiz.org

## **COVER LETTER**

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

UBJECT:	Re Fernal -	PROBENTIA	TNCORPARAL
	(PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
<b>□</b> \$70.00	<b>2</b> ∕\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Thing rec	& Certificate of Status	& Certified Copy	
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	·	- 2300 Celephone number	

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)

TLE I NA! me of the corp	oration shall be:	Referral	Properties	- INCOR	phrones
	NCIP.4L OFFICE Principal <u>street</u> ac 人ととよる	ddress 102	Ν	Mailing address, if	different is:
	Spaines			cone	
TLE III PUI	ch the corporation is c	organized is:		2 7	
7 24	An L	all h	AW FULL	BUSING	238
<del></del>				<del> </del>	<del></del>
TLE IV SIL	4RES s of stock is: 50	οο			
mber of shares	s of stock is: 50				
<u>TEV INI</u>	s of stock is: SC	ND/OR DIRECTORS	President  Name and Title:		
mber of shares  TLE V INI	r of stock is: SC  TIAL OFFICERS AN  itle: GRAIN	ND/OR DIRECTORS	— Name and Title:		
mber of shares $(LE \ V - INI)$ Name and $T$	TIAL OFFICERS AN	ND/OR DIRECTORS	Name and Title: Address:		
mber of shares $\begin{array}{ccc} LE & V & INI \\ \end{array}$ Name and $T$	TLAL OFFICERS AN  Title: GERAL M  THOL W.  COAAL	MOJOR DIRECTORS  MISSING  MISS	Name and Title: Address:		
The Work INI  Name and To  Address	TLAL OFFICERS AN  Title: GERAL M  THOL W.  COAAL S.  3 3007	MOVOR DIRECTORS  Miller  Les Ro 10	Name and Title: Address:		
The Work INI  Name and To  Address	TLAL OFFICERS AN  TITLE: GERAL M  THOL W  COAAL S  TROCT	MOVOR DIRECTORS  Miller  Les Rollo  Tonings F	Name and Title: Address:		
Mame and T Address  Name and T	TLAL OFFICERS AN  Title: GERAL  THOLE  COAN  3 3007	MOVOR DIRECTORS  Miller  Les Rollo  Frange F	Name and Title: Address:		
Mame and T Address  Name and T	TLAL OFFICERS AN  THOL W  THOL S  THOLE  THO	MOVOR DIRECTORS  Miller  Les Rollo  Tomas F	Name and Title:  Address:  Name and Title:  Address:  Address:		SECRETARY C
Mame and T Address  Name and T	TLAL OFFICERS AN  THOL W  THOL S  THOLE  THO	MOVOR DIRECTORS  Miller  Les Rollo  Frange F	Name and Title:  Address:  Name and Title:  Address:  Address:		SECRETARY C
Mame and T Address  Name and T Address	TLAL OFFICERS AN  THOL W  THOL S  THOLE  THO	MOVOR DIRECTORS  Miller  Les Ro 10  Tomings F	Name and Title:  Address:  Name and Title:  Address:  Address:		2018 APR 30 AM S. 6. SECRETARY OF STATE TALEAHASSEE, FLORID

Name and Title:\_\_\_\_\_\_\_ Name and Title:\_\_\_\_\_\_ Address ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Genolo Miller 7401 Wilks RD102 Name: Address: eveal springs FL 3300 <u> ARTICLE VII - INCORPORATOR</u> The name and address of the Incorporator is: GENIO POILITA Name: 7401 Wiles 120 102 CORN Spains FL. 33067 Address: ARTICLE VIII EFFECTIVE DATE: (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 I submit this docuptent and affirm that the facis stated herein are true. I am aware that the false information submitted in a document to the pepartment of State constitutes a third degree felony as provided for in s.817.155. F.S.