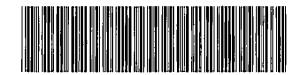
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(Requestor	's Name)
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PICK-UP	WAIT MAIL
(Business 8	ntity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
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ALL AHASSEE, FIRE
ALL A

COVER LETTER

Department of S New Filing Sect Division of Corp P. O. Box 6327 Fallahassee, FL	ion poratic					
SUBJECT:	d Fig Ro	eal Estate, Inc.				
30B3EC1		(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)		
Enclosed are an	origin	al and one (1) copy of the artic	cles of incorporation and	a check for:		
□ \$70.0 Filing Fe		■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Sharo	n E. Holmes				
i KOWI.		Name (Printed or typed)				
	P. O.	Box 13763				
		Address				
	Tallah	hassee, FL 32317				
	İ	City, State & Zip				
	850.2	64.1165				
		Daytime Telephone number				
	sehlah	ah@aol.com				
		E-mail address: (to be used	for future annual report n	otification)		

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)

TICLE II PRINC	Principal street address		S. C. Diller and J. L.	to atorius tai
15 Hays Street	Principal <u>street</u> address	<u>P.</u> (O. Box 13763	ss, if different is:
lahassee, FL 32301		Ta	llahassee, FL 32317	
TICLE III PURPO purpose for which t	DSE any an corporation is organized is:	nd all lawful busin	ness.	
				<u>. </u>
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TICLE IV SHARI number of shares of	ES 1000 stock is:			
number of shares of	stock is:			
number of shares of	stock is: L OFFICERS AND/OR DIRECTOR. Sharon E. Holmas, President	<u>'S</u>	d Title:	2018 .(.)
number of shares of	L OFFICERS AND/OR DIRECTOR. Sharon E. Holmes, President	S Name and		AUG 2
number of shares of TICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR. Sharon E. Holmes, President	S Name and		AUG 20 ARETARY CARASSEE
number of shares of TICLE V INITIA Name and Title	Sharon E. Holmes, President P. O. Box 13763	S Name and		RETARY OF SAHASSEE FL
number of shares of TICLE V INITIA Name and Title	Sharon E. Holmes, President P. O. Box 13763 Tallahassee, FL 32317	Name and Address:		RETART OF STAFE AHASSEE FLORID
number of shares of TICLE V INITIA Name and Title Address	Sharon E. Holmes, President P. O. Box 13763 Tallahassee, FL 32317	Name and Address: Name and Name and	d Title:	RETART OF STAFE AHASSEE FLORID
number of shares of TICLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTOR. Sharon E. Holmes, President P. O. Box 13763 Tallahassee, FL 32317	Name and Address: Name and Address: Address:	d Title:	AUG 20 PH 4: 48 ARTAGI OF STAFE AHASSEE FLORID.
number of shares of TICLE V INITIA Name and Title Address Name and Title:	Sharon E. Holmes, President P. O. Box 13763 Tallahassee, FL 32317	Name and Address: Name and Address: Address:	d Title:	RETARL OF STAFE AHASSEE FLORID.
number of shares of TICLE V INITIA Name and Title Address Name and Title:	Sharon E. Holmes, President P. O. Box 13763 Tallahassee, FL 32317	Name and Address: Name and Address: Address:	d Title:	AUG 20 PH 4: 48
Name and Title Name and Title Address	Sharon E. Holmes, President P. O. Box 13763 Tallahassee, FL 32317	Name and Address: Name and Address: Name and Name and	d Title:	AUG 20 PH 4: 48

Name and T	Γitle:_		Name and Title:	<u>-</u> .
Address	_	1	Address:	
	_			
	_		-	
		RED AGENT	6.1	
		eet address (P.O. Box NOT acceptable) o	i the registered agent is:	
Name:	Snaron	E. Holmes	_	
Address:	1105 F	Tays Street	· -	
	Tallaha	ssee, FL 32301	_	
				2018
ARTICLE VII IN	CORP	ORATOR		E AHA
The name and addi	ress of	the Incorporator is:		FIL U6 20 HASSI
Name:	Shar	on E. Holmes	_	
Address:	P.	O. Box 13763	_	E CLOBI
	Tal	lahassee, FL 32317	_	26. @
	her thai	TIVE DATE: 1 the date of filing: ed, the date must be specific and cannot	. (OPTIONAL) of be more than five days pr	ior or 90 days after the
		 in this block does not meet the applicable ate on the Department of State's records. 	statutory filing requirements.	this date will not be listed as
		gistered agent to accept service of process ar with and accept the appointment as re		
	7	T (4)		08/20/2018
		Required Signature/Registered Agent		Date
I submit this docum	nent an	d affirm that the facts stated herein are	true. I am aware that the fa	lse information submitted in a
aocument to the De	partme	nt of State constitutes a third degree felor	iy as provided for in s.817.15.	5, F.S.
		I DUYA		08/20/2018
Required Signature/Incorporator				Date