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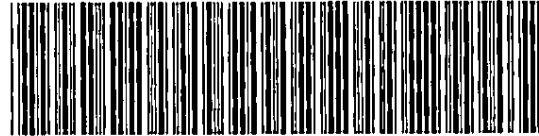
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DATE 10/19/18 BY 60322 J

## COVER LETTER

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

LIFESTYLE DREAMS REALTY, INC.

**SUBJECT:** \_\_\_\_\_  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

LAZARO E. MITRANI  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
14625 LUCY DR  
\_\_\_\_\_  
Address  
DELRAY BEACH, FL 33484  
\_\_\_\_\_  
City, State & Zip  
305.343.2123  
\_\_\_\_\_  
Daytime Telephone number  
lemitrani@gmail.com  
\_\_\_\_\_  
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** LIFESTYLE DREAMS REALTY, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14625 LUCY DR

DELRAY BEACH, FL 33484

**ARTICLE III PURPOSE**

REAL ESTATE BROKERAGE CORPORATION AND ALL LEGAL

The purpose for which the corporation is organized is: \_\_\_\_\_  
BUSINESS PURPOSES.

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: LAZARO E. MITRANI, D.P.S.T

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

Address 14625 LUCY DR

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

DELRAY BEACH, FL 33484

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

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

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

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

NOTARIAL PUBLIC  
JULIE A. HARRIS, Notary Public  
STATE OF FLORIDA  
MY COM. EXPIRES 12/31/12  
JUL 19 2012 PM 12:12

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: LAZARO E. MITRANI  
Address: 14625 LUCY DR  
DELRAY BEACH, FL 33484

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAZARO E. MITRANI  
Address: 14625 LUCY DR  
DELRAY BEACH, FL 33484

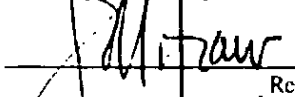
**ARTICLE VIII EFFECTIVE DATE:** JANUARY 1, 2019

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

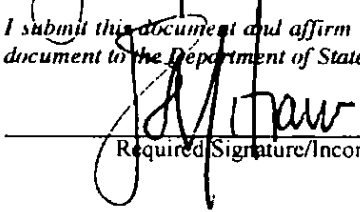
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 10/16/2018  
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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 \_\_\_\_\_ 10/16/2018  
Required Signature/Incorporator Date