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COVER LETTER

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

SUBJECT:	THAISE NUNES P.A.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
		ADDITIONAL CC	- T REQUIRED	
FROM:	THAISE NUNES	e (Printed or typed)		
54	0 SW 113TH TER			
<u>PE</u>	EMBROKE PINES, FL 33025	Address State & Zip		
75	4-971-8600 Daytime T	elephone number		
IN	FO@REALTYQUEENLLC.C			
	E-mail address: (to be used	d for future annual report r	iotification)	

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)

Principal street address	Mailing ad	Mailing address, if different is:	
40 SW 113TH TER			
PEMBROKE PINES, FL 33025			
RTICLE III PURPOSE the purpose for which the corporation is organized.	ed is: REAL ESTATE AGENT		
RTICLE IV SHARES he number of shares of stock is: 100			
RTICLE V INITIAL OFFICERS AND/OR			
	DIRECTORS Name and Title:		
	Name and Title:	2020 541	
Name and Title:Address	Name and Title:	2020 DE(5年 表示	
Name and Title:Address	Name and Title: Address:	7020 74 (1)	
Name and Title:Address	Name and Title: Address:	2020 DEC -3 1	
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· · · Name and	Title:	Name and Title:	
Address	,	Address:	
			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	THAISE NUNES	_	
Address:	540 SW 113TH TER		
	PEMBROKE PINES, FL 33025	_	
ARTICLE VII	<u>NCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	THAISE NUNES	_	
Address:	540 SW 113TH TER	_	
	PEMBROKE PINES, FL 33025	_	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cann	. (OPTIONAl not be more than five days	(.) prior or 90 days after the
	inserted in this block does not meet the applicable fective date on the Department of State's records		nts, this date will not be listed as
	ed as registered agent to accept service of process miliar with and accept the appointment as registe		
	Fours		11/30/19
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo —		
*	Yours		11/30/19
Required Signatur	e/Incorporator	Į.	Date