P200000 85996

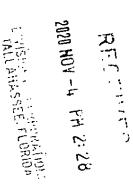
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

Office Use Only



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FLORIDA FILING & SEÄRCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/4/20

NAME:

SRE REALTY, INC.

TYPE OF FILING: ARTICLES

COST:

78.75

RETURN:

CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Cobside Hodge

COVER LETTER

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

SUBJECT: SRE Realty, Inc.				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
r . 1 1	1 - 1 1 /1\	-1	l o alcada Cam	
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	□ \$78.75 Filing Fee	⅓ \$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Lawrence Lambert, Esq. Name (Printed or typed)				
91	00 S. Dadeland Blvd., S	Suite 400		
Address				
Miami, FL 33156 City, State & Zip				
	•	State & Zip		
	(305) 459-3033	alanhona numbur		
	Daytime 1	elephone number		
	llambert@llambertlav			
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 II PRINCIPAL OFFICE Principal street address 4350 Mangrum Court	Mailing ————————————————————————————————————	address, if different is:
Hollywood, FL 33021 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any at	nd all lawful bus	siness.
ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Charles Medalie D,P,S Address 7811 Ashley Circle Bradenton, FL 34201	Name and Title: Address:	2070 NOV -4 PM 3: 06
Name and Title: Address	Name and Title: Address:	
Name and Title:		

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) of the	ne registered agent is:
Name:	JACOB SERURE	
Address:	4350 MANGRUM COURT	
Address.	HOLLYWOOD, FL 33021	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	JACOB SERURE	
Address:	4350 MANGRUM COURT	
Aumess.	HOLLYWOOD, FL 33021	
Effective date, if (If an effective of filing.) Note: If the date	einserted in this block does not meet the applicable suffective date on the Department of State's records.	
Having been nan certificate, I am j	ned as registered agent to accept service of process for familian with and accept the appointment as registered	1 0
		11-3-20
$\langle \cdot \rangle$	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are tr Department of State constitutes a third degree felony o	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
10		11-3-20
Required Signati	are/incorporator	Date