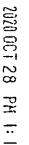
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COVER LETTER

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

SUBJECT:	CALL A. MRAZ (PROPOSED CORPORA	P.A.	HAR CHENNA
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UBE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	CARL A. MRAZ		
	P.O. Box - 1795	Address	
	ORMOND BEACH,	FLORIOA 3. State & Zip	2175- 795
	(386) 852 - 097. Daytime T	elephone number	
	CMRAZ @ CFL	RR. COM	natification\
	L-man address. (10 De usec	i ioi iutute atiliuat report i	ionneation)

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 The name of the corporation shall be:	RLA, MRAZ P.A.
ARTICLE II PRINCIPAL OFFICE Principal street address [1] So. 4TLANTE AVENUE AFT # 805	Mailing address, if different is: P. O. Box - 1495
DEMOND BEACH, FLORIDA	1 32176 ORMOND BEACH, ELORIDA 3217
ARTICLE III PURPOSE The purpose for which the corporation is organized.	zed is: PROFESSIONAL PROPERTY SALES,
LEASING, AND RENTAL	S
ARTICLE IV SHARES The number of shares of stock is: 100 SA	
Name and Title: N/A	Name and Title:
Address	Address:
	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

None and T	"itle: N/A	Name and '	Tiela	
	inc. ////		ride	
Address		Address:		
	· · · · · · · · · · · · · · · · · · ·			
			 	
	GISTERED AGENT			
		x NOT acceptable) of the registered	d agent is:	
_	CARLA MRAZ			
		IC AVE, APT \$805		
_	DRMOND BEAC	4, FLORIDA 32176		
ARTICLE VII IN	COPPOPATOR			
				202
<u> </u>	ress of the Incorporator is:	017	-	2020 OCT
Name:	CARL A. MA)T 28
Address:	P.O. BOX - 1			8
	ORMOND BE	FACH, FL. 32175	∵ ∈.	H _o
ANTIGUE LILL E	recovere by and			-
Effective date, if oth	<i>FFECTIVE DATE:</i> her than the date of filing: _	10/13/2020	, (OPTIONAL)	7
(If an effective date filing.)	e is listed, the date must b	e specific and cannot be more th	ian fiv e days prior or 90 c	lays after t
Note: If the date in	serted in this block does no	t meet the applicable statutory file	ng requirements, this date	will not be !
the document's effec	ctive date on the Departme	nt of State's records.		
		nt service of process for the above s		
	_	pointment as registered agent and	agree to act in this capacity	<i>!</i> '
_ bar	G C. Mra	Sekistered Agent	10/1	13/202
-	_			Date
		cts stated herein are true. I am a s a third degree felony as provided		ation subm