Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000279233 3)))



		<u> </u>
To:		•
	Division of Corporations Fax Number : (850)617-6381	-
From:	Account Name : LAMADRID FINANCIAL SERVICES CORP	
	Account Name : LAMADRID FINANCIAL SERVICES CORP Account Number : I20200000059	_
	Phone : (954)727-9771	D=
	Fax Number : (954)727-9773	
	Email Address: diana la lamadad [manual.com	
	FLORIDA PROFIT/NON PROFIT CORPORATI	
	FLORIDA PROFIT/NON PROFIT CORPORATI EQ 360 REALTY INC	
	FLORIDA PROFIT/NON PROFIT CORPORATI EQ 360 REALTY INC  Certificate of Status	
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## (FAX TRANSMISSION | 2 | 1800 17 FOR 1807 179773 Pages: 4

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

SUBJECT: EQ 36	O REALTY INC (PROPOSED CORPOR/	TE NAME - MUST INCL	UDE SUFFIX)	_	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	ı	
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
				I	
FROM: M	CHAEL PAESANI Nam	e (Printed or typed)	<u> </u>	202	
63	38 PRESIDENTIAL CT SU	ITE 102	) [5]	2021 JUL 2	
FC	ORT MYERS, FL 33919	71001000			,
<u></u>	City	, State & Zip	· · · · · · · · · · · · · · · · · · ·	<del></del>	٠
78	6-816-0327 Daytime	Telephone number	<b>*</b>	(C)	
<u>mic</u>	chael@eqapitaltrust.com  E-mail address: (to be use	ed for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.

## (FAX TRANSMISSION) 74000000176821 From 319647279773 Pages: 4 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal Street address Be PRESIDENTIAL CT SUITE 102 RT MYERS, FL 33919		Mailing addi 8338 PRESIDENTIAL CT S	Mailing address, if different is:		
		FORT MYERS, FL 33919			
ICLE III PUR	POSE h the corporation is organized is: ANY A	ND ALL LAWFUL BUSIN	IESS		
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			<u>**</u> <u>**</u> 22		
ICLE IV SH.	<u>4RES</u> 1000		, C.		
number of shares	of stock is: 1000	<del></del>			
TCLE V _ INI	TIAL OFFICERS AND/OR DIRECTORS	Name and Title: PRESI	DENT		
TCLE V _ INI		Name and Title: PRESIC	DENT		
Name and	TIAL OFFICERS AND/OR DIRECTORS Fitle: MICHAEL PAESANI		DENT		
Name and ' Address	TIAL OFFICERS AND/OR DIRECTORS  FITTE: MICHAEL PAESANI  6338 PRESIDENTIAL CT ST  FORT MYERS, FL 33919	E102Address:			
Name and Address	TIAL OFFICERS AND/OR DIRECTORS  Title: MICHAEL PAESANI  6338 PRESIDENTIAL CT ST	E102Address:  Name and Title: SECRE			
Name and Address Name and T	TIAL OFFICERS AND/OR DIRECTORS  FITTE: MICHAEL PAESANI  6338 PRESIDENTIAL CT ST  FORT MYERS, FL 33919  Fitte: MICHAEL PAESANI	E102Address:  Name and Title: SECRE			
Name and Address  Name and Address	TIAL OFFICERS AND/OR DIRECTORS  FITTE: MICHAEL PAESANI  6338 PRESIDENTIAL CT ST  FORT MYERS, FL 33919  TITLE: MICHAEL PAESANI  6338 PRESIDENTIAL CT ST	E102Address:  Name and Title: SECRE	TARY		

## (FAX TRANS ASE NOTION ISPOSITED Flow: 19547279773 Pages: 4

Name and Title:		Name and Title:	Name and Title:		
Address		Address:			
				<del></del>	
ARTICLE VI The name and F	REGISTERED AGENT Torida street address (P.O. Box NOT acc	eptable) of the registered agent is:			
Name:	LAMADRID FINANCIAL SERVI				
Address:	1265 S PINE ISLAND RD				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PLANTATION, FL 33324		<u>s'</u>	202	
ARTICLE VIL	INCORPORATOR		 ₩ ₩ ₩	2021 JUL	
The name and a	address of the Incorporator is:			2	
Name:	ALEXIS LAMADRID		. · ·	-,	1 1
Address:	1265 S PINE ISLAND RD			<del></del>	* 3:
	PLANTATION, FL 33324		b-	O.	
==-	EFFECTIVE DATE:  if other than the date of filing:  date is listed, the date must be specific	021 (OPTIONA and cannot be more than five days	.L) prior or 90 day	s after ti	he
Note: If the da	ite inserted in this block does not meet the effective date on the Department of State	applicable statutory filing requirements's records.	ents, this date wil	l not be l	isted as
Having been no certificate, I an	amed as registered agent to accept service ( n familiar with and accept the appointmen	of process for the above stated corport t as registered agent and agree to act	ation at the place in this capacity	designat	ed in this
ALEXIS LAMADRID			07/21/2	021	
<del></del> -	Required Signature/Registered			Date	
I submit this d document to th	locument and affirm that the facts stated e Department of State constitutes a third o	herein are true. I am aware that th legree felony as provided for in s.817.	e false Informati 155, F.S.	on subm	itted in a
MICHAEL		_	07/21/2	2021	
	ature/Incorporator		Date		