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Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ROSILYN LEON, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ROSILYN LEON, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8505 SW 58TH STREETMIAMI, FL 33143**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL ACTIVITIES RELATED TO REAL ESTATE.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROSILYN LEON (P)

Name and Title: _____

Address 8505 SW 58TH STREET

Address: _____

MIAMI, FL 33143

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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BALTIMORE, MD

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROSILYN LEON
 Address: 8505 SW 58TH STREET
MIAMI, FL 33143

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROSILYN LEON
 Address: 8505 SW 58TH STREET
MIAMI, FL 33143

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 ST. JAMES ASSOCIATES, LLC

ARTICLE VIII EFFECTIVE DATE:

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*

/s/ Rosilyn Leon 12-2-2021
 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.

/s/ Rosilyn Leon 12-2-2021
 Required Signature/Incorporator Date