

P22000016319

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000081978 3)))



H220000819783ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
2022 MAR -3 PM 3:11

**FLORIDA PROFIT/NON PROFIT CORPORATION
PRO REAL ESTATE GROUP INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PRO REAL ESTATE GROUP INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address9115A SW 20TH CTDAVIE, FL 33324

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAGELA KASPARIAN RODESName and Title: President

Address

9115A SW 20TH CT

Address:

DAVIE, FL 33324Name and Title: PEDRO E. VILAName and Title: SECRETARY

Address

9115A SW 20TH CT

Address:

DAVIE, FL 33324

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
2022 MAR -3 PM 3:11
CLERK OF DISTRICT COURT
DAVIE, FLORIDA

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAGELA KASPARIAN RODES
Address: 9115A SW 20TH CT
DAVIE, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAGELA KASPARIAN RODES
Address: 9115A SW 20TH CT
DAVIE, FL 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/03/2022 (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

Magela Kasparian 03/03/2022
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.

Magela Kasparian 03/03/2022
Required Signature/Incorporator Date