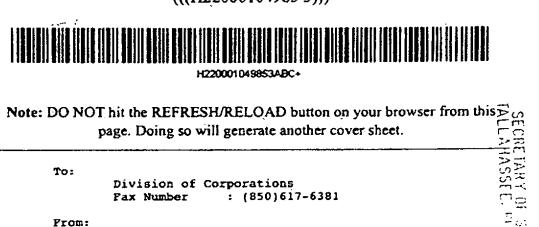
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Note: Please print this page and use it as a cover sneet. Type the Tax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000104985 3)))



Prom:

: ENVISION LEASING & MANAGEMENT Account Name

Account Number : 120220000052 : (786)739-8505 Phone Pax Number : (305)402-7992

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

Email Address:

(ii)

ά 2022 APR 18 FLORIDA PROFIT/NON PROFIT CORPORATION

LANDMARK REALTY TRUST COMPANY

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

S. CHATHAM APR 14 2022

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (H220001049853)

SUBJECT: LAND	MARK REALTY TRUST COMPA (PROPOSED CORPORA)	NY 'E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	i a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fcc, Certified Copy & Certificate of Status
		ADDITIONAL CO	77 REQUIRED
FROM:	JEAN CEDRIC Name	(Printed or typed)	
	2300 E 18 TH ST		
	CASPER, WYOMIN	iddress IG 82609	
	City, State & Zip		
	832-699-4866		
	Daytime T	elephone number	
	J.cedric@thelandma		
	E-mail address: (to be used	for future annual report	notification)

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

(H220001049853)

To: +18506176281

ARTICLES OF INCORPORATION (H22 000 1 04853)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<i>RTICLE II PRINCIP</i> Pri	AL OFFICE incipal street address	Mailing address, if different is:
1631 DEL PR/	ADO BLVD. S Suite 300	
CAPE CORAL	FLORIDA 33990	
RTICLE III PURPOS	E	AND AND CAMERS BUILDINESS
he purpose for which the	corporation is organized is:	ANY AND LAWFULL BUSINESS.
	-	
RTICLE IV SHARES	4500	
he number of shares of st	2 1500 ock is:	
he number of shares of st	ock is:	OPS
The number of shares of star	ock is:	2RS
The number of shares of star	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR	PORATION and Title:
The number of shares of star	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR 1631 DEL PRADO BLVD.S	Suite, 300 Address:
The number of shares of sh	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR	Suite, 300 Address:
The number of shares of sh	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR 1631 DEL PRADO BLVD.S	Suite 300 Address:
The number of shares of states of states of states of shares of sh	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR 1631 DEL PRADO BLVD.S CAPE CORAL, FLORIDA	Suite 300 Address:
Name and Title: Address Name and Title:	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR 1631 DEL PRADO BLVD.S CAPE CORAL, FLORIDA:	Suite, 300 Address: 33990 Name and Title:
The number of shares of states of states of states. Name and Title: Address Name and Title:	OFFICERS AND/OR DIRECTO P: T.L.M.R. FINANCE COR 1631 DEL PRADO BLVD.S CAPE CORAL, FLORIDA	Suite, 300 Address: 33990 Name and Title:
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Page: 5 of 5

Name an	d Title:	Name and Title:
		Address:
Address		Aouress.
The name and F	<i>REGISTERED AGENT</i> Torida street address (P.O. Box NOT aco	eptable) of the registered agent is:
Name:	ESTATE PROFILE MANAGEMEN	
Address:	1326 E COMMERCIAL BLVD	
	OAKLAND PARK, FL 33334	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	ENVIZION LLC	
Address:	8051 N. TAMIAMI TRAIL. S SARASOTA, FL 34243	<u>re e6</u>
Effective date, if (If an effective of filing.)		and cannot be more than five days prior or 90 days after the
Note: If the date the document's o	e inserted in this block does not meet the effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as s records.
Having been nan certificate, I am	wed as registered agent to accept service of familiar with and accept the appointment	f process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
	Man	APRIL 15, 2022
	Required Signature/Registered	<i>17</i>
I submit this do	cument and affirm that the facts stated i	nerein are true. I am aware that the false information submitted in a gree felony as provided for in \$.817.155, F.S.
OCCUMENT TO THE	Man.	April 5, 2022
Required Signate	ure/Incorporator	Date Date
	·	HASS T
		SET & F
	(Há	920001049853)
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