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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusings Estitu Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.

Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/12/22

NAME: CRS PROPERTIES, P.A.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT: CRS Pi	roperties, P.A.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fce & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: Day	rid R. Stallter, Robin C. Conter Name	c (Printed or typed)	
_190	0 Spring Road, Suite 200	Address	
	•	Address	
Oal	c Brook, IL 60523	State & Zip	
	Cny,	State & Zip	
(63	0)571-1900 Daytime T	elephone number	
	= -y 2		

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

dstallter@lilliglaw.com, rconter@lilliglaw.com

E-mail address: (to be used for future annual report notification)

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

TICLE II PRINCIPAL OFFICE Principal street address	Mailing address,	if different is:
30 Gulf Shore Blvd , Unit 51 ples, FL 34103	-	
		· .
TICLE III PURPOSE		
purpose for which the corporation is organized is: to	provide real estate brokerage services	
. <u>.</u>		SECONDIAN SECONDIAN TALLAN
		ALL ALL
		PE -
-		FARY OF AHASSE
		28.5°
		- SES 7
		C 50
TICLE IV SHARES		
number of shares of stock is: 1,000	<u>_</u>	
TICLE Y INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Title:		
Name and Title:		
Name and Title:	Name and Title:	
Address	Name and Title: Address:	
	Name and Title: Address:	
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Name :	and Title:	Name and Title:	
Addre	ss		
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:	
Name;	Florida Filing & Search Services, Inc.	ა შ	
Address:	155 Office Plaza Drive	ECAL TALL	77
	Tallahassee, Florida 32301	2022 MAY 13 SECILE FAIRLAHA TALLAHA	- C 510
ARTICLE VII	INCORPORATOR	38.5 S or 2	
The name and	address of the Incorporator is:	্তিত ত্র	
Name:	Coya J. Smith		
Address:	815-819 Burlington Avenue		
	Western Springs, Illinois 60558	_	
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) annot be more than five days prior or 90 days after the	
	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as ords.	
Having been na certificate, I am	amed as registered agent to accept service of proce familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity	ī
\mathcal{T}		5/13/22	
	Required Signature/Registered Agent	Date	
		are true. I am aware that the false information submitted in a	ł
	e Department of State constitutes a third degree for		
Required Signa	fure/Incorporator	Date	

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