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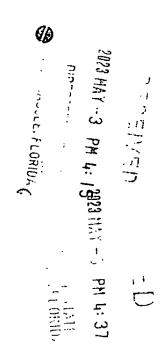
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Office Use Only



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COVER LETTER

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

SUBJECT:	Christella S (PROPOSED CORPORA	CLERE PA	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$2 \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Christella Name	(Printed or typed)	., <u> </u>
	6000 Metro	west Blus Address	<u> </u>
	Orlaniso City,	State & Zip	5
	HO)- 41 Daytime T	Z - 475L elephone number	
	Christella Since E-mail address: (to be used	re @ outlook I for future annual report r	otification)

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

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

name of the corporat	ion shall be:	hristella	Sincere	PA
DO MICHO		<u>ste</u> 200-1	Mailing :	address, it different is:
purpose for which the	he corporation is organi	zedis: REDI	estate	Investment
TICLE V INITIA	stock is:	DIRECTORS		
Address	ste 200 -1	west Blyis	Address:	
Name and Title:			Same and Title:	
Name and Title: Address			Same and Title:	
				PH 4: 37

Name and Titl	e:Name and Title:	
Address	Address:	
ARTICLE VI REG	ISTERED AGENT street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Christella Sincere	
Address: <u>C</u>	por pretrowest Blvis ste 200-104	7
	OCIANDO FL 32835	,
ARTICLE VII INCO	ORPORATOR	
	s of the Incorporator is:	
Name:	Christella Sincere	
Address:	6000 Metrowest 13/12 ste 200.	-104
	Orlando FL 32835	
(If an effective date is filing.) Note: If the date inser	than the date of filing:	·
the document's effecti	ve date on the Department of State's records.	
Having been named as certificate, I am famili	registered agent to accept service of process for the above stated corporation at ar with and accept the appointment as registered agent and agree to act in this c	the place designated in this capacity
		5/3/2013
	Required Signature/Registered Agent	Date
	it and affirm that the facts stated herein are true. I am aware that the false i tment of State constitutes a third degree felony as provided for in s.817.155, F.S	
	1-	5/3/2023
Required Signature/Inc	Corporator Date	
		2028
		2023 HAY
		-
		PM 4: 37
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