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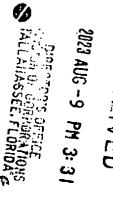
(Re	equestor's Name)	
(Át	ddress)	
·	•	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	<u> </u>
PICK-UP	TIAW	MAIL
	reinoce Entity Moreo	
(Bi	usiness Entity Name)	
(De	ocument Number)	· ·
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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RECEIVED

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

ATE 08/09/2023			₩WALK
NTITY NAME PALM B	EACH PRIVATE LEN	DERS GROUP, INC	
			
OCUMENT NUMBER_			
	PLEASE FILE THE	ATTACHED AND RETURN	
	Plain Copy		
	Certified Copy		
XXXXXX	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Stand		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
OUNTRY OF DESTINAT	TON		
UMBER OF CERTIFICAT			
OTAL OWED \$78.75		ACCOUNT #: I20160000072	2
		5 8 FM	

COVER LETTER

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

SUBJECT:	M BEACH PRIVATE LENDERS (SROUP, INC	
50 0 55011	(PROPOSED CORPOR	ATE NAME <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	la check for:
□ \$70.00 Filing Fe	\$78.75 c Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM:	LARRY J. BEHAR, ESQ.	ne (Printed or typed)	
	888 SE 3RD AVENUE, SUIT	, ,,	
-		Address	
	FORT LAUDERDALE, FLOR	RIDA 33316	
-	City	, State & Zip	
	954-524-8888		
-	•	Telephone number	
- -	LARRY@E2LAWYER.COM	ed for future annual report i	antification)
	E-mail address: (10 be use	ea for auture simusi fedoft i	IOTHICATION

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)

FICLE IV SHARES purpose for which the corporation is organized is: ALL LEGAL PURPOSE purpose for which the corporation is organized is: ALL LEGAL PURPOSES ALL LEGAL PURPOSES ALL LEGAL PURPOSES FICLE IV SHARES T500 FICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address FORT AUDERDALE, FLORIDA 33316 Name and Title:	CLETT PRIN BRO AVENUE, SUITE 4	CIPAL OFFICE Principal <u>street</u> uddress	4	Mailing address, if different is:
CLE IV SHARES ALL LEGAL PURPOSES Address Address Address Address Name and Title: Address Name and Title: Address Name and Title: Name and Title:				
CLE IV SHARES Inber of shares of stock is: 7500 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JOHN L. ABATE, PRESIDENT Address 888 SE 3RD AVENUE, SUITE 400 Address: FORT AUDERDALE, FLORIDA 33316 Name and Title: Name and Title: Address: Address Address: Address:				
CLE IV SWARES 7500 number of shares of stock is: 7500 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: Name and Title: Address FORT I AUDERDALE, FLORIDA 33316 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title:				
Name and Title:	····			
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Name and Title:	CLE IV SHA	RES 7500		
Name and Title: Address B88 SE 3RD AVENUE, SUITE 400 Address: FORT I AUDERDALE, FLORIDA 33316 Name and Title: Address Name and Title: Address: Name and Title:				
Address 888 SE 3RD AVENUE, SUITE 400 Address: FORT I AUDERDALE, FLORIDA 33316 Name and Title: Name and Title: Address: Name and Title: Name and Title:	unber of shares o	of stock is:		
Name and Title:	unber of shares o	of stock is:		
Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Name and Title:	unber of shares o	of stock is:		
Address: Name and Title: Name and Title:	unber of shares of CLE_VINITAL Name and Tit	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT RBR SE 3DD AVENUE SUITE 400	Name and Title:	
Address: Address: Name and Title: Name and Title:	unber of shares of CLE_VINITAL Name and Tit	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400	Name and Title:	
Address: Address: Name and Title: Name and Title:	unber of shares of CLE_VINITAL Name and Tit	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400	Name and Title:	
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	Name and Title Name and Title	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400 FORT I AUDERDALE, FLORIDA 33316	Name and Title: Address: Name and Title:	
	Name and Title Name and Title	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400 FORT I AUDERDALE, FLORIDA 33316	Name and Title: Address: Name and Title:	
	Name and Title Name and Title	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400 FORT I AUDERDALE, FLORIDA 33316	Name and Title: Address: Name and Title:	
Address: Address:	CLE V INITA Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400 FORT I AUDERDALE, FLORIDA 33316	Name and Title: Address: Name and Title:	
	Name and Titl Address	of stock is: MAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400 FORT AUDERDALE, FLORIDA 33316 c:	Name and Title: Address: Name and Title: Address:	
	Name and Titl Address Name and Titl Address	IAL OFFICERS AND/OR DIRECTORS JOHN L. ABATE, PRESIDENT 888 SE 3RD AVENUE, SUITE 400 FORT I AUDERDALE, FLORIDA 33316	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	l Title:	Name and Title:	
Address		Address:	
			
	<u>CEGISTERED AGENT</u> orida street addr <u>ess</u> (P.O. Box NOT acceptable) o	of the repistered agent is:	
Name:	t ARRY J. BEHAR, ESQ.	ine registered agent in	
Address:	888 SE 3RD AVENUE, SUITE 400		
	FORT LAUDERDALE, FLORIDA 33316	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	Idress of the Incorporator is:		
Name:	John L. Abate	_	
Address:	888 SE 3RD AVENUE, SUITE 400		
	FORT LAUDERDALE, FLORIDA 33316	 .	
ARTICLE VIII Effective date, if (If an effective d filing.)	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cana	. (OPTIONAL) of be more than five days prior	or 90 days after the
Note: If the date the document's el	inserted in this block does not meet the applicable feetive date on the Department of State's records	e statutory filing requirements, th	is date will not be listed as
Having been nam certificate, I am fa	ed us registered agent to accept service of process unifiar with and accept the appointment as registe	for the above stated corporation a wred agent and agree to act in this	t the place designated in this capacity
1/2	m // //		AUGUST 9, 2023
	Required Signature/Registered Agent	· 	Date
I submit this doci document to the L	ument and affirm that the facts stated herein arc Department of State constitutes a third degree felor	true. I am aware that the false ny as provided for in s.817.155, F.	information submitted in a S.
/s/ John L.			AUGUST 9, 2023
Required Signatur	re/Incorporator	Date	

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