

5/21/24, 10:33 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

Real Experience Group Florida Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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

ARTICLE I NAME **Real Experience Group Florida Corp**
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
4210 Blue Banks Ln _____

Bradenton, FL 34203 _____

ARTICLE III PURPOSE **Any And All Lawful Purpose.**
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES **10,000**
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Maria F Madrigal Gaviria - President
Name and Title: _____ Name and Title: _____
Address **4210 Blue Banks Ln** Address: _____
 _____ _____
 Bradenton, FL 34203 _____
 _____ _____

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

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

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: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Maria F Madrigal Gaviria
Address: 4210 Blue Banks Ln
Bradenton, FL 34203


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

 05/17/2024
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.

 05/17/2024
Required Signature/Incorporator Date

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L
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C