

Florida Department of State

Division of Corporations
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H2400057338

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: gpersaudinc@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
EGM PROPERTY HOLDINGS INC.**

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

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DIVISION OF STATE
TALLAHASSEE, FL

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H24000306114

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

ARTICLE I NAME

The name of the corporation shall be: EGM PROPERTY HOLDINGS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

632 ROSSELLI BLVD

DAVENPORT, FL 33896

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 1500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MERESA LAWRIE - DIRECTOR

Address: 632 ROSSELLI BLVD

DAVENPORT, FL 33896

Name and Title: _____

Address: _____

Name and Title: RAVIN SINGH - DIRECTOR

Address: 632 ROSSELLI BLVD

DAVENPORT, FL 33896

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MERESA LAWRIE

Address: 632 ROSSELLI BLVD

DAVENPORT, FL 33896

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MERESA LAWRIE

Address: 632 ROSSELLI BLVD

DAVENPORT, FL 33896

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.**M. Lawrie*Required Signature/Registered Agent MERESA LAWRIE

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 DEPT OF STATE
 JULY 1st, 2024

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.**M. Lawrie*Required Signature/Incorporator MERESA LAWRIE

July 1st, 2024

Date