CAPITOL SERVIC	ES d/b/a FORNEY SERVICE BUREAU, INC.	
(Requestor's		100/10/01 15563-465535 -00/10/35 -01000039
1406 Haya Stre		****142.%ar (****142.%a)
(Aldren Tallahassee, F (City, State	. 32301 (904) 656-3992	OFFICE USE ONLY
		Fils issue Refund.
CORPORATION N.	AME(S) & DOCUMENT NUMBER	.(S) (if known):
1. All F.	Lorida Realty Pro	perties, Inc. in
	oration Name)	(Document #)
2(Corp)	oration Name)	(Document #)
3	pretion Namo)	(Document #)
4.		10
^		(Document #)
Walk in	Pick up time <u>2'00</u>	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
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	AMENDMENTS	
NEW FILINGS		
Profit	Amendment	
Profit NonProfit	Amendment Resignation of R.A., Officer/Direc	
Profit NonProfit Limited Liability	Amendment Resignation of R.A., Officer/Direc Change of Registered Agent	stor
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Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Amendment Resignation of R.A., Officer/Direc Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ UALIFICATION Foreign	tor

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ARTICTES (# INCOFFORATION)

All Florida Realty Properties, Inc.

(name of corporate is)

The undersigned subscriber (custoese Arbeles of Incorporation, natural person(s) computent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE 1 - CORPORATE NAME

The name of the corporation is:

All Florida_Realty_Properties, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III + TURPOSE

The corporation is organize: for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV + CAPITAL STOCK

The corporation is authorized to issue <u>one hundred</u> shares (100 ¹ of <u>one</u> <u>one</u> <u>Dollar(s) (§ 1,00</u>) par value Common Stock, which shall be designated "Common Shares."

WEILCLE V + INITIAL REGISTEREL OFFICE AND AGENT

The principal office, if known, or the mailing adress of the corporation is:

NAME Vera_Holthaus			
	2521 N.E. 15th Street		
CITY'	Pómpano Beach,	FLORIDA	ZIP 33062
The name	and street address of the Initial Reglate	ered Agent of this Corporation is:	
NAME	Vera Holthaus		
ADDRESS	2521 N.E. 15th Street		
	Pompano Beach.	FLORIDA	ZHP 33062

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Vera Holthaus			<u> </u>
ADDRESS	2521 N.E. 15th Street		······	
CITY	Pompano Beach,		STATE Florida.	ZIP 33062
NAME	Vera Holthaus			
ADDRESS	2521 N.E. 15th Street	# 1.		
CITY	Pompano Beach, Florida.		STATE Florida.	ZIP 33062
NAME				
ADDRESS				
CITY		<u> </u>	STATE	ZIP
FORM 215:	ARTICLES OF INCORPORATION, PAGE 1	PAGE 1		SEMINOLE-MIAMI

ARTICLES OF INCORPORATION

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Article V11

" Corporate Officers " should be added to the articles as follows:

Then names and addresses of the initial officers of the corporation, who shall serve until their successors shall be elected or appointed are:

Name;

Address;

Vera Holthaus President

1

...

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Vera Holthaus — Secretary/ Treasurer 2521 N.E. 15th Street Pompano Beach, Florida. 33062

XXX

, Incorporator

Vera Holthaus Director, President

(XXX)

;Incorporator Vera Holthaus

Director/ Secretary- Treasurer

54241.	Veral Holthaught and the second		
ADDIG55	2521 N.E. 15th Stroot - Pompano Beach.	STATE Florida.	
NAME	Vera Holthaun		,
	2521 N.E. 15th Struct Pompano Beach,	STADE Florida.	21P 33062
NAME			
ADDRESS			
CTIY		STATE	<u>Z1P</u>

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this <u>24th</u> day of <u>May</u>, <u>19</u>95.

Clero D Holta (Scal) XXX (xxx) _(Scal) (Scal)

STATE OF FLORIDA

COUNTY OF _____

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

SS

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that ______ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this _________ day of _______, 19______.

(Notary Seal)

(Notary Public, State of Florida at Large)

The Canary yellow first sheet in this set of forms is your WORK SHEET.

My Commission expires:

FORM 215: ARTICLES OF INCORPORATION

IMPORTANT.

PAGE 2

SEMINOLE-MIAMI

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CERTIFICATE AND ACKNOWLEDGEME OF REGISTERED AGENT	NI
· CERTIFICATE OF REGISTERED AGENT	
OF	Star Ist
All Florida Realty Properties, Inc.	· · · · · · · · · · · · · · · · · · ·
(nume of corporation)	i caro,

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at <u>2521</u>	N.E. 15th Street		
Pomp	oano Beach, Florida.	33062	
has named	Vera Holthaus		~

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(XXX) (2Ma registreed agent)

WORK SHEET.

	APPLICATION FOR REFUND FROM STATE OF FEDRIDA
Pursuant refund and r	to the provisions of Section 213.26. Ficrida Statutes, I hereby apply for a equest that a State Warrant be drawn in favor of t
Namo:	CADITOL SERVICES DARALDAN DARALDAN A ATTORNEY SERVICE BUREAU, INC. 22
Address:	1406 JAYS STREET, SUITE 2
	TALLAHASSEE, FLORIDA 12301
Amount:	\$20,00
which rep substantiate	rements moneys I paid into the State Treasury subject to refund and to such claim the following facts are submitted:
Reason for C	ALL FLORIDA REALTY PROPERTIES, INC. (OVER PAYMENT)
CERTIFIED TR	Section: NEW_FILINGSClerk: DORIS_BROWNDate Processed:08/18/95 UE AND CORRECT thisday of, 19 X y2/
(2) Agenc Infor	(FOR AGENCY USE ONLY) recommends denial of above claim based on the following facts, ding statutory authority for collection:
5 64	amount requested above was originally deposited into the State Treasury. Treasurer's Receipt # 01008039, Dated 08/18/95
NAME OF ACCOU	JNT 1
=	SAMAS ACCOUNT CODE
	15 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 1 0 0 0 0
Statutory Aut It is vequest NAME OF ACCOU	thority for Collection 607.0122
	SAMAS ACCOUNT CODE
4	5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 2 2 0 0 0 0 0 0
Certified Tru	e and Correct thisday of, 19, 19,
Dept. of Stat A	e, Div. of Corporations Gency Authorized Signature and Title
Section 215 shall be f after the Three years State Treasur	.26 states, in part: "Application for refund as provided by this section filed with the Comptroller, except as otherwise provided herein, within 3 years right to such refund shall have accrued else such right shall be barred." is interpreted as meaning three years from the date of payment into the y.

CR2E060 (12-87)

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