P9900032521

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

SUBJECT: TROPICAL APPRAISAL SERVICES, INC. = (Proposed corporate name - must include suffix)

000002829850--3 -04/05/99--01140--003 *****78.75 ******78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee

& Certificate of Status

□ \$78.75 Filing Fee \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status_

ADDITIONAL COPY REQUIRED

FROM: Doubles M. Lotito

Name (Printed or typed)

11821 NW 32 ND MANOR

Address

SUNRISE, FL. 33323

City. State & Zip

954-723-0051

Daytime Telephone number

SECRETARY OF STATE OF CORPORATIONS
OF CORPORATIONS
OF AM IO: 38

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

Y'S

ARTICLES OF INCORPORATION The undersigned incorporator, for the purpose of forming a corporation under the Florida La Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: TROPICAL APPRAISAL SERVICES, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1802 N UNIVERSITY DRIVE SUITE 300 PLANTATION, FL 33322 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 INITIAL REGISTERED AGENT AND STREET ADDRE The name and Florida street address of the initial registered agent are: DOUGLAS M. LOTITO 11821 NW BRNOR SUNRISE, FL 33323 TICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: DOUGLAS M. LOTITO 11821 NW BZND MANOR

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of	process for the above stated corporation $\overline{a}t$ the place designated in
this certificate, I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complet	e performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	, ,
obligations of my position as registered agent	3/3/199
1/h / h /d h	······································

Signature/Registered Agent

SUNRISE, FL 33323

Date