

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

SUBJECT:	FIRST APPRAISAL OF S (Proposed corporate)	S.W FLORIDA , IN ate name - must include suf	íC. fix)	
Y	al and one(1) copy of the articles	31 of incorporation and a	300030676 -12/13/9901 theck forests 70,000	5933 083019 *******
Enclosed is an origin \$\square\$ \$70.00 Filing Fee	al and one(1) copy of the articles \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	**************************************
FROM: PATRICIA W. JOYCE Name (Printed or typed)				
2040 FT DENAUD ROAD Address				
LABELLE, FL 33935 City, State & Zip				·
-	863-675-7309 Daytime To	elephone number		* ±4 ·

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

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ARTICLES OF INCORPORATION-

he undersigned incorporator, for the purpose of forming a corporation under the Florida suitness Corporation Act, hereby adopts the following Articles of Incorporation.

RTICLE I NAME

he name of the corporation shall be:

FIRST APPRAISAL OF S.W FLORIDA, Inc.

RTICLE II PRINCIPAL OFFICE

he principal place of business and mailing address of this corporation shall be:

274 BRIDGE STREET LABELLE, FL 33935

RTICLE III SHARES

he number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

RTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

he name and Florida street address of the initial registered agent are:

PARTICIA W. JOYCE 2040 FT.DENAUD ROAD LABELLE, FL 33935

RTICLE V INCORPORATOR

he name and address of the incorporator to these Articles of Incorporation are:

PATRICIA W. JOYCE 2040 FT. DENAUD ROAD LABELLE, FL33935

Signature Incorporator

Date

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

Towing been named as registered agent and to accept service of process for the above stated corporation at the place designated in this retificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vivisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the bligatiops of my position as registered agent

Signature/Registered Agent

Date