

Florida Department of State
 Division of Corporations
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 Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 MBMS REAL ESTATE GROUP INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: MBMS REAL ESTATE GROUP INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 320 CENTRAL AVE #510, SARASOTA, FL 34236
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW SAWAGED, PRESIDENT
Address: 320 CENTRAL AVE #510, SARASOTA, FL 34236

Name and Title:
Address:

Name and Title:
Address:

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STATE OF FLORIDA

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: MATTHEW SAWAGED
Address: 320 CENTRAL AVE #510
SARASOTA, FL 34236

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW SAWAGED
Address: 320 CENTRAL AVE #510
SARASOTA, FL 34236

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 business days prior or 90 business 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

/S/ MATTHEW SAWAGED 2/19/2025
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.

/S/ MATTHEW SAWAGED 2/19/2025
Required Signature/Incorporator Date