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FLORIDA PROFIT/NON PROFIT CORPORATION  
DUQUE PALMS OF HOMESTEAD INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**Florida Department of State**

**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

DUQUE PALMS OF HOMESTEAD INC

of Document # P16000022409

are the same owners of the attached articles of incorporation.  
We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Edel Duque  
President

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DUQUE2.jpg

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: DUQUE PALMS OF HOMESTEAD INC

ARTICLE II PRINCIPAL OFFICE  
Principal ~~street~~ address: 21435 PEACHLAND BOULEVARD  
Mailing address, if different is: 21435 PEACHLAND BOULEVARD  
PORT CHARLOTTE, FL. 33954 PORT CHARLOTTE, FL. 33954

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is:  
ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES  
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>EDEL DUQUE P/T/D</u>	Name and Title:	_____
Address:	<u>21435 PEACHLAND BLVD.</u>	Address:	_____
	<u>PORT CHARLOTTE,</u>		_____
	<u>FL. 33954</u>		_____
Name and Title:	<u>PETER DUQUE V/S/D</u>	Name and Title:	_____
Address:	<u>21435 PEACHLAND BLVD.</u>	Address:	_____
	<u>PORT CHARLOTTE,</u>		_____
	<u>FL. 33954</u>		_____
Name and Title:	<u>PEDRO DUQUE V/D</u>	Name and Title:	_____
Address:	<u>21435 PEACHLAND BLVD.</u>	Address:	_____
	<u>PORT CHARLOTTE,</u>		_____
	<u>FL. 33954</u>		_____

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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: EDEL DUQUE  
 Address: 21435 PEACHLAND BOULEVARD  
PORT CHARLOTTE, FL. 33954

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDEL DUQUE  
 Address: 21435 PEACHLAND BOULEVARD  
PORT CHARLOTTE FL. 33954

**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

\_\_\_\_\_  
 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.817.55, F.S.

\_\_\_\_\_  
 Required Signature/Incorporator Date