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(Requ	estor's Name)			
(Addre	·SS)			
(Addre	ess)			
(City/S	State/Zip/Phone #)			
(3).2	, and any			
PICK-UP	WAIT MAIL			
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(Busin	ess Entity Name)			
(Docu	ment Number)			
Certified Copies	Certificates of Status			
Considerations to 500				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer: Carrections emziled 07/29/124				
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Office Use Only



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S. CHATHAM

JUL 3, 2024



COVER LETTER

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

SUBJECT: ICONDOS PROPERTY MANAGEMENT INC				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SÚFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	l a check for:	
□ \$70.00 Filing Fee FEE HAS BE	☐ \$78.75 Filing Fee & Certificate of Status EN COLLECTED	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REOUIRED	
	Jessette Naftzger			
FROM:		e (Printed or typed)		
	P.O BOX 76554			
_	St Petersburg. FL. 33734	Address		
	727.452.5406	, State & Zip		
	Daytime 1 icondos@gmail.com	Celephone number		
	E-mail address: (to be use	d for future annual report i	notification)	

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICONDOS PROPERTY MANAGMENT, INC.

ne name of the corporati	on shall be:			-
	IPAL OFFICE Principal street address	_	Mailing address, if different is: P.O BOX 76554	
ST PETE BEACH FL	33706	ST PETERSBURG FL 3373		
RTICLE III PURPO he purpose for which th	SE ne corporation is organized is:	Real Estate S	ervices / Property MGMT	
			CARLE AN FIANC TALLAHASSE	2 JUL 1201
RTICLE IV SHARE the number of shares of s	<u>S</u> 1000 tock is:		WOR VIOLO REPORATIONS E. FLORIDA SP	
	Jessette Naftzger Initial Officers		nd Title:	
Address	PO BOX 76554	Address		
	ST PETERSBURG FL 33734			
Name and Title:		Name ar	nd Title:	
Address		Address	:	
Name and Title:			nd Title:	
Name and Title:_ Address		Name ar		

Name and Tit	le:	Name and Title:	
Address		_ Address:	
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable) of	f the registered agent is:	202
Name:	REGISTERED AGENTS INC		CABLE AND FRANCE OF CAPILE AND FRANCE CAPILE CAPIL
Address:	7901 4th St N STE 300	_	STORE NO PERSON
	St Petersburg, FL. 33702	_	ID/OF : FOR SEEL FOR
ARTICLE VII INC	<u>ORPORATOR</u>		2: 0.
The name and address	s of the Incorporator is:		
Name:	Jessette Naftzger	_	
Address:	4669 Gulf Blvd #114	_	
	St Pete Beach FL. 33706	_	
(If an effective date i filing.)	r than the date of filing:	ot be more than five days prio	•
	rted in this block does not meet the applicable ve date on the Department of State's records.		his date will not be listed as
Having been named a certificate, I am famili	s registered agent to accept service of process for ar with and accept the appointment as register	or the above stated corporation red agent and agree to act in this	at the place designated in this s capacity
Dav	id Roberts		7/25/2024
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein are		
uocument to the Depar	rtment of State constitutes a third degree felon	y us proviaea jor in s.817.155, 1	s. 7/25/2024
Required Signature/In	Corporator Corporator	Date	

San Barbara