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COVER LETTER

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

SUBJECT:	and Carran	D COM	
·	(PROPOSED CORPO	DRATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the	articles of incorporation and	i a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
		<u> </u>	
FROM: #H	BERT BOR	igut3	

Name (Printed or typed)

LOO South Entral AVENUE

Address

City, State & Zip

City, State & Zip

Daytime Telephone number

AI BERT 2548 © TAHOS. COM

E-mail address: (to be used for future annual report 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)

The name of the corporation shall be:	ry CANVAS CO	N	
ARTICLE II PRINCIPAL OFFICE Principal street address	Mail	ing address, if different is:	
690 SOUTH CEATRED A	NE -		
M8788 /9 211 HAM)			
ARTICLE III PURPOSE The purpose for which the corporation is organized is	· · · · · · · · · · · · · · · · · · ·		<u>_</u> _
DESIGN AND REPAIR	MADINE CANVE	BUERS AWN	NOS
EquINE ACCESORIES	MARINE CANVE	5	
<u> </u>			
	_		
		- 	
ARTICLE IV SHARES			
The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS		
Name and Title AIRERT Rocker	. ~		
Address 690 South CEN	<i>F</i> 3		
CHAPILLA F) 3			
(::::::::::::::::::::::::::::::::::::::		(0)	A DE
(MANDER)		SEF	14df
Name and Title:	Name and Title:	-	1
Name and Title:			
Address	Address:	<u></u>	- i
			
			-5%
Name and Title:	Name and Title:		<u>.</u>
Address			

Name and Title: A BELL 1 1908 LOCAL	Name and Title:
Address (MANNER)	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: AIBERT RodRIQUES	
Address: 690 S. CENTRAL AVE	
CMATILIC 7/ 32784	•
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: AIBERT ROGRIQUEZ	7
Address: 690 S. CENTRA) A	E
BISE LA AllitAND	4
ADMICE DIVINE CONTROL DATE	
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 days after the filing.)	be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable sthe document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
_	
Having been named as registered agent to accept service of process this certificated I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Ullut Kodneyes	09/12/16
Required Signature/Registered Agent	/ Daté
I submit this document and affirm that the facts stated herein are a document to the Department of State constitutes a third degree felony	as provided for in s.817.155, F.S.
Uful Kodsepts	04/12/12
Required Signature/Incorporator	/ Date