P20000061108

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
N 3				
Money				
W20000032040				

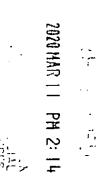
Office Use Only



300339968093

08/13/20--01001---002 **78.75

C RICO MAR 2 5 2020



STEPHEN SZEVENOS PRIMARI PROBLEMENTO IS HEIMARI PROBLEMENTO IS HEIMARI PROBLEMENTO IS HEIMARI

COVER LETTER

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

SUBJECT:	Bettistar Royal, C	OP	
	(PROPOSED CORPORA	TE NAME – MUST INCLU	DE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	IZ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fec & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
ŧ			
FROM:	BetSto Name	(Printed or typed)	
	1317 Edge Wate	Y Dr #448	
	ORlando, FL,	3280 4 State & Zin	
	407-338- Daytime Te	— ,	 .
, 	TNFO D BUTHS FAT ROYA E-mail address: (to be used		d Constant
	E-man address. (10 De dised	Tor future author (**port no	инсапоп)

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)

	In compliance with Chapter 607 an	d/or Chapter 621, F.S. (Pront)	Л
ARTICLE I NAME	on shall be: <u>BETTStar Lo</u>	yal corp		T.
ADTICI FII — PRINCI	•		dress, if different is:	M = 15
Oklando, FL.	32804			
ARTICLE III PURPO. The purpose for which the	SE e corporation is organized is:	nuerce online	. Tox prof	<u>7.</u>
	L OFFICERS AND/OR DIRECTORS			
	(13) Toan E. Massia 1317 Kleewater. DR#			
	Oflando, FL, 37804			
Name and Title:		Name and Title:		
Address				
				

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: PTIU IVIIIP					
Address: 1917 Laceward					
Orlando, ott 300	304				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Joen E. Malsiah.					
Address: 2 410 475 St NE					
Winter Hallen FL 338					
(X:110101 /)(1)(4:11, 4:12, 230)	· · ·				
ARTICLE VIII EFFECTIVE DATE: 1/2/3//	المدر مرسا				
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 applical the document's effective date on the Department of State's record					
	, ,				
Having been named as registered agent to accept service of proces certificate, I am familiar with and accept the appointment as regis					
	02/01/0000				
Required Signarure/Registered Agent					
I submit this document and affirm that the facts stated herein a					
document to the Department of State constitutes a third degree fel					
Required Signature/Incorporator 1	$\frac{1 3 ^{st} 2020}{Date}$				

}

.