P15000039252

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
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/Cit	y/State/Zip/Phone	.#\
(Cit	y/State/2ip/Filone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(20	ourness Maribery	
		4.00
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



100271347991

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COVER LETTER

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

SUBJECT: FARE Whole Glas Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
,	(PMOPOSED CORPORA	TENAME - <u>MUST INCL</u>	<u>UDE SUFF(X)</u>			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
	Kamal Warne		ieh.			
	1143 Hutters	dield C				
	Talluhaese City,		32303			
 -	279	421 - 4797 elephone number	7			
	Daytine 1	ciephone number				
	E-mail address: (to be used	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)

	VCIPAL OFFICE Principal <u>street</u> addre	ess	N	failing address,	if different is:	
3143 F	tatters	fieldie	<u> </u>			
Talla	h Fl	32303	<u> </u>			
CLE III PURI	POSE		1	D	/	٥
irpose for which the	ne corporation is organ	anized is: 76	000	2400	le su	<u>عل</u>
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Moder of shares of SCLE V INTO Name and Title Address Name and Title Address	Stock is:	AND/OR DIRECTOR Forcij P Wlenside TL 32	Name and Title: Claddess: L1 Name and Title: Address:		7,0	25.32

(conti.)

		15年7-1 21 21 35
Name and Title:	Name and Title:	
Address	Address:	THE POST OF PERSONS
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:	
Name: Kamal Fr	erej	
Address: 3143 Hutter	refield cir	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Kennal F Address: 3143 Half Tallah F	Tenej	
Address: 3143 Half	'esspield cir	
Tallah F	1 32303	
Having been named as registered agent to accept se this certificate, I am familiar with and accept the app	rvice of process for the above stated c pointment as registered agent and agre	orporation at the place designated in e to act in this capacity
Required Signature/Regist	and A and	5/1/2015
		Date
I submit this document and affirm that the facts sta document to the Department of State constitutes a th	ated herein are true. I am aware that ird degree felony as provided for in s.8	the false information submitted in a 17.155, F.S.
Kan Rune	orporator	5/1/2015
Required Signature/Inco	эгрогатог	Date