

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

			№ .	*****78.75 *	(米米米米(13。(
SUBJECT: _	FAL	PROPOSEO CORPORA	TE NAME - MUST INCLUD	DESUFFEX)	46
Enclosed is an	original an	d one(1) copy of the arti	cles of incorporation and a	check for:	
☐ \$70 Filing	0.00	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL COPY REQUIRED		
1	FROM:	ALUID Name (NERShon Printed or typed)	RETARY OF ST LAHASSEE, FI	FILED
d Nast		P.O. Box 35/			
	1	AKE C	Hy FL 3	32055	
		904-7	755 609 Telephone number	7.	

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

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME The name of the corporation shall be: The principal place of business and mailing address of this corporation shall be: The purpose for which the corporation is organized is: The manner in which the directors are elected or appointed: INITIAL REGISTERED AGENT AND street address of the registered agent is: name and address of the Incorporator is: 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.

Signature/Registered Agent

Signature/Incorporator