## N12000001315

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
\$70.00		
•		
	Office Use On	



500219534305

02/06/12--01028--012 \*\*195.00

RECEIVED

12 FEB -6 PN 1: 42

0EFANT THEN OF STATE ON THE STATE OF STATE OF

TARITARASSES. FIL

7-6-13

## **COVER LETTER**

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

Enclosed is an original a	nd one (1) copy of the Artic	les of Incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate			
		ADDITIONAL COPY REQUIRED			
FROM: Kimbuly Thomas Name (Pyinted or typed)  380 BROWN Rd Address					
Lamont 12 32336 City, State & Zip					
	SSD - 45 Daytime Tel	ephone number			
E	HMR Sty [ E-mail address: (to be used to) fu	nure annual report notification)			

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be:	amonds, Pea	arls and F	Recious	) ve 10.1
ARTICLE II PRINCIPAL OFFICE  Principal street ad  380 B R B D  Laymon L	on Rol	Mailing ad	dress, if different is:	
ARTICLE III PURPOSE  The purpose for which the corporation is organi  NOVOK DOMMEN OV	zed is: to educe	ute, uncour	agre and	<b>\$</b>
ARTICLE IV MANNER OF ELECTION	N The manner in which the o	directors are elected and appo	ointed: OPPO(N	teol.
Name and Title: Kry bet w W Address:	ND/OR DIRECTORS Name ar Address	nd Title:	·	
Name and Title: Address:	Name al Address			<del></del>
Name and Title:Address:	Name as Address	nd Title:	10 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name: Address: 340 BRG		red agent is:	PM 2: 00	
ARTICLE VII INCORPORATOR The name and address Name: Address:  3x0 19R0	tuonias.	P		
Having been named as registered agent to accept the appropriate, I am fumiliar with and accept the appropriate Required Signature of	ointment as registered agent a			this
I submit this document and affirm that the facts to the Department of State constitutes a third deg			tion submitted in a docum - 6 - 2012  Date	nent