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COVER LETTER

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

SUBJECT:	MORROM DA (PROPOSED CORPORA	REAMERS: T TENAME-MUST INCLUI	OLG . DE SUFFIX)			
Enclosed is 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			
	•	ADDITIONAL COPY REQUIRED				
	1/11/2 / 200	i e				

FROM: Mills LEKIS Name (Printed or typed)
3318 Saw Jooth Da
Address
Tallahassee # 32303 City, State & Zip
850 339-9944 Daytime Telephone number
Formorrow_ dreamers @ yahro. 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 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:	eroul	1) RECIMERS INC.	
ARTICLE II PRINCIPAL OFFICE	,		•
33/85awfooth Dr.		Mailing address, if different is:	
Tallahassee 7/ 32303	3	· · · · · · · · · · · · · · · · · · ·	•
ARTICLE III PURPOSE The purpose for which the corporation is organized is: LO With POOR 18 ARAING Skills BLA MO CICTIALS. GAIN OFFISH CREAMS. ALSO STORING IN SCHOOL: While, af y Of Their CREAMS.	108 a d	PESSION FOR MUSIC O	rawing,
ARTICLE IV MANNER OF ELECTION The m	nanner in which t	he directors are elected and appointed: _by_	Ιαω
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS		
2210 9 / 1 1/0 1	Name and Tit Address:	10: Stande Gnjas/Vice Pars. 3318 Sow foodb BC Tollolosser Il 52203	dents
Name and Title: Ulia Bullion / Secreta Address 345 Hinson Cir. Haugnia 41 32303	Name and Tit Address:	10: BEHY BUNION / TREOSUR 3:318 Saw Josh Dr. Tallahassee fl 32303	<u>e</u> eK
Name and Title:	- Name and Tit	de:	13 SEP
Address	_ Address: 	SEE A SPAR	10 PM 1: 58

		APPLIATE
Name and Title:	Name and Title:	FILED
Address	Address:	13 SEP 10 PM 1:58
	·	SECRETAR OF STATE TAULAHASSEE FLOREDA
Name and Title:	Name and Title:	
Address		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	Taggantahla) of the reciptored event	·
Name: Willie Lew Is Address: 3318 Saw Jooth D	<u> </u>	
- 11 1 m	7303	
The name and address of the Incorporator is:		
Name: MICHTE LEWIS Address: 3318 Squalonth D	R	
711 1 11	2303	
Having been named as registered agent to accept s certificate, Vam Jamiliar with and accept the appoint	service of process for the above statement as registered agent and agree	ted corporation at the place designated in this to act in this capacity
Willie ful		9-10-7013
Required Signature of Reg	-	Date
I submit this document and affirm that the facts state to the Department of State constitutes a third degree		
3/1/		9-10-2013 Date
Required Signature of	of Incorporator	Date