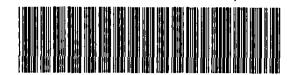
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(Requestor's Name)
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SECRETARY OF STATE STATE OF STATE

MRD, 10/1/13

COVER LETTER

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

SUBJECT: MB	E PTO In	c .				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
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 CO	PY REQUIRED			
FROM: Loran Schubarg Name (Printed or typed) Roszl Sw So PL Address						
	$\frac{0.000}{\text{Add}}$	dress				

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

954 309 - 0158

Daytime Telephone number

Schubarg @aol. Com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

C.
FILED
Mailing address, Haiffold is 9 PH 1: 04
SEGRETARY OF STATE
TALLAHASSEE, BLORIDA
TALLAHASSEE, BLORÎDA
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ouzzy Sikler, President
486 SU 68Th St.
486 SU 68Th St.
mbroke Pines, FL
mbroke Pines, FL 33332
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Name and Title:		Name and Title:	·
Address _		Address:	FILED
-			13 SEP 30 PM 1: 04
_			SECRETARY OF STATE
			TALLAHASSEE, ELORIDA
Name and Title:		Name and Title:	132
Address		Address:	
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ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT a	• • •	is:
Name:	Loran Schubarg		
Address:	Loran Schubarg 20521 SW SO	PL	
	Sw Ranches FL	33332	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Loran Schubar	<u> </u>	
Address:	Loran Schubar	PL	
	SW Raches, FL	<u>333</u> 332_	
			ted corporation at the place designated in this
	familiar with and accept the appointme	nt as registered agent and agree	to act in this capacity
loon	n 1. Silve		9/25/13
	Required Signature of Registe	red Agent	Date
	ument and affirm that the facts stated h nt of State constitutes a third degree felo		any false information submitted in a document F.S.
Long	n. Silve	· ·	9/25/13
	Required Signature of In	corporator	Date