(Re	questor's Name)	
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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: EYERETT B. ALLEN
Name (Printed or typed)

O. Box 21065

Address

City, State & Zip

(850) 597-6375 (160) 591-6267

Daytime Telephone number

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)

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~	(P.O. Box NOT acceptable) of the registered agent is:	
Name: EVERETT	B. ALLEN	
	FIED FOREST DR.	
TALLAMOSSE	E, FL 32317 EF1	ECTIVE DAT
ARTICLE VII INCORPORATO		FECTIVE DAT -1-14 E
The <u>name and address</u> of the Incorpor		,
Name: <u>EYERET</u>	WFIERD FOREST PR	
1 ALZAR	ASSEE, EL 32317	
Having been named as registered ag	ent to accept service of process for the above stated	corporation at the place designate
certificate, I am familiar with and acc	ept the appointment as registered agent and agree to	
- 7 WART B. All	ignature of Registered Agent	12-17-13 Date
•		Date
	nt the facts stated herein are true. I am aware that an a third degree felony as provided for in s.817.155, F.	
T. ~ 1/1		12-17-13 Date
T Venta D. Me	red Signature of Incorporator	