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T. SCOTT



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COVER LETTER

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

\$70.00

SUBJECT: <u>Santa and Juds SY For Asv And Deaf Awareness</u>, Inc. (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)

\$87.50

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Cop & Certificate
		ADDITIONAL CO	PY REQUIRE
FROM:	Stacy Name (P	wagner finted or typed)	_
		nd street suite	_1000
		Cr. FV 33755 State & Zip	-
	727 - 25 A Daytime T	1-56 a7 elephone number	-
	^		

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE	II PRINCIPAL OFFICE			In(
	Principal street address:		Mailing address, if different is:	
<u>6</u>	oo cieveland st.		, , , , , , , , , , , , , , , , , , ,	····
	suite 1000			
	clearwater, FV 33755			
RTICLE	III PURPOSE	a Elemen	are refettle to agree towards	n sad
	e for which the corporation is organized is:			
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	oveeds will go to me			
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Name and Title:	Name and Title:	
	Address:	
Name and Title:	Name and Title:	
Address	Address:	
	ISTERED AGENT reet address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	au wagner	N N N N N N N N N N N N N N N N N N N
Address:	o cieveland street suite 1000	
<u>c/</u>	carwater, Fv 337SS	
	<u>ORPORATOR</u>	?
The name and address	·	5
	tacy wagner	•
	ou were land street suite 1000	
<u>U</u>	earwater, Fr 33755	
certificate, I am familia	registered agent to accept service of process for the above stated corporation at the place design with and accept the appointment as registered agent and agree to act in this capacity	
2/0	Required Signature of Registered Agent Date	1
	nd affirm that the facts stated herein are true. I am aware that any false information submitted to econstitutes a third degree felony as provided for in s.817.155, F.S.	in a document
2/4°	Required Signature of Incorporator Date	
	Required suggestate of incorporator	