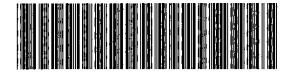


(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900270681149

03/19/15--01015--016 **87.50

15 HAR 19 PM 4: 20

MD 3/04

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 & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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: 19160 de Dios Filode Hio Linc
	ARTICLE II PRINCIPAL OFFICE
	15365 SW 1589 P.O. Box 105 Indiantown, Ft 3496 Indiantown, FC 34956
	ARTICLE III PURPOSE The purpose for which the corporation is organized is: Output Output
	15 AR 19
	Dicators Oca
	ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: NETOLS UP ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: NETOLS UP ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS THE MANNER OF ELECTION The manner in which the directors are elected and appointed: NETOLS UP ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
2	Name and Title: POBOX 105 Address POBOX 105 Address: POBOX 105
•	Injuly to supply Injuly town to supply
7	Address POBOX 1937 Address: POBOX 105 Indianoun Fl. 34956 Indianoun Fl.
) 	Name and Title ROOM 6 6002 Name and Title: Address P.O. Box 847 Address:
	Indiantown Fl. 34956

Name and Title:	Name and Title:
Address	Address:
Name and Title: Address	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.Q. Box NOT acception of VIII Of On VIII Of On VIII Of On ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Addr	totable) of the registered agent is: 34456 3456
certificate, I am familiar with and accept the appointment as	3/12/15
I submit this document and affirm that the facts stated hereing to the Department of State constitutes a third degree felony of Required Signature of Incorp	3/12/15