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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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11/13-16

COVER LETTER

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

SUBJECT: 7	O STRONG CORP	ORATE NAME - MUST IN	CLUDE SUFFERN			
	(i koi oseb coki	OKATE NAME - <u>MOST IV</u>	CEODE BOTTIA)			
Enclosed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:			
\$70.00	12 \$78.75	□\$78.75	\$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL CO	DEN BEOLURED			

FROM: Same (Printed or typed)

2710 Odprado Blud S. #2-209 Address

Cape Coral, SL 33904

731 - 695 - 5809

Daytime Telephone number

A ...

<u>Janie Styring</u> 99 @ gmail. (om E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2015

JAMIE STERLING 2710 DELPRADO BLVD S #2-209 CAPE CORAL, FL 33904

SUBJECT: THE STERLING CENTER INC.

Ref. Number: W15000078718

We have received your document for THE STERLING CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name of the corporation must be stated in article I.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any-questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 415A00025555

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

• ARTICLE I The name of the	NAME corporation sha	li be: The	Sher	ting @	nder	Ocean	tasin	00	in	<u>ر</u> .
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Address	Address:	
	Name and Title:Address:	
<u> </u>	(P.O. Box NOT acceptable) of the registered agent is:	TALLANDA TARA
Name: 270 Address: 270	Del Dedo Bluds	CO CO TOTAL
ARTICLE VII INCORPORATOR The name and address of the Incorpo Name:	(rel, FL 33904	PH L: ng
ARTICLE VIII EFFECTIVE DAT Effective date, if other than the date of	•	s days prior or 90 business days
Note: If the date inserted in this bloc document's effective date on the Department.	c does not meet the applicable statutory filing requirements, artment of State's records	this date will not be listed as the
	ent to accept service of process for the above stated corpo ept the appointment as registered agent and agree to act in t	
Required S	ignature of Registered Agent	12-23-15 Date
	at the facts stated herein are true. I am aware that any false a third degree felony as provided for in s.817.155, F.S.	information submitted in a documen
L) one L	red Signature Incorporator	12.23.15