## 11/60000/2099

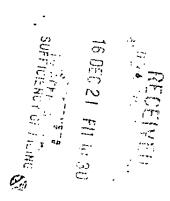
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## **COVER LETTER**

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: \$78.75 \$78.75 \$87.50 \$70.00 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED

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

eynail.com.

## ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: Address Address: Name and Title: \_\_\_\_\_ Name and Title: Address \_\_\_\_\_ Address:

Name and Title: Name and Title:

\_\_\_\_\_ Address:

Address

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Name and Title:		Name and Title	·		_	
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THE STATE OF THE S	EREDAGENT COLLECT	1	shington	V		•
/_1.	et address (P.O. Box NOT accep	otable) of the regi	stered agent is:			
Address:	Mahassee	FL 32	304			
ARTICLE VII INCORP		00 11	achinat	M.		
The <u>name and address</u> of the Name:	ne Incorporator is: 010	<del>Udan</del>	Inc.			,
Address: Lolo	5W. LHA A	venute	,			
Tall	lahassee, Fl	3230	XL			
ARTICLE VIII EFFECT Effective date, if other than	the date of filing:	12016	(OPTIONAL)			
(If an effective date is liste after the filing.)	ed, the date must be specific an	id dannot be mo	re than five busines	ss days prior or 9	0 business days	
	n this block does not meet the apon the Department of State's reco		y filing requirements	this date will not	be listed as the	
Having been named as res	gistered agent to accept service	of process for th	ne above stated corn	oration at the play	ce designated in this	s .
	ith and accept the appointmen) a				10.10	
_ Call	Required Signature of Registered	Agen		Date	1 3010,	
I submit this document and to the Department of State	l affirm that the facts stated here constitutes a third degree felony	ein are true. I an as provided for i	n aware that any fals n s.817.155, F.S.	e information subi	mitted in a documen	t
Calle	1 Wathing	Aim		1016	4/2016	
	Required Signature of Incor	porator		/ Da	ie / -	
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