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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : \$70.00 \$78.75 □\$78.75 **X** \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fce, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM:

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: \[\frac{ValV}{ValV} \]. \[\frac{1}{Val} \]	by M. Hichtown Inc.	
ARTICLE II PRINCIPAL OFFICE		
Principal street address:	Mailing address; if different is:)-/-	//
Hhry 259	- Wang Betty H. His	h towe
13965 Markeeran	Hairy J	
Lacisse, A. 3236/		
ARTICLE III PURPOSE	0/ 2442	4/-
The purpose for which the corporation is organized is:	The pulpases 9	(he)
Of Callyajian fly to	establish an adol-1.	(12)
I from which to	do the Wast & th	(<u>) </u>
Lord and To be	scantacted: last	Les
benisher all a	The Land,	
		A B 1
ARTICLE IV MANNER OF ELECTION The manner	in which the directors are elected and appointed:	States
or the agran		_
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	
Name and Title: France, B. M. H. Min.	Name and Title:	
Address P. Bay 334	Address:	
19365 May Hove		(%) (%)
1/ 2021	7	
(Aleensa, 71. 52.361		· · · · · · · · · · · · · · · · · · ·
Name and Title:	Name and Title:	Control (Total) - Control (Total)
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Name and Title:	Name and Title:	
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	Address:	
	Address:	
	Address:	

Name and Title:	Him. Bette Dt	h treatame and Title	::		
Address	13965 Wav. Hi	Livy Address:			
•					
					
Name and Title:		Name and Title	·		
Address		Address:		· · · · · · · · · · · · · · · · · · ·	
				· ·	
					
ARTICLE VI		AT			
	Florida street-address (P.O. Box N	OT acceptable) of the reg	istered agent is:		
Name:	2017-111	Al Fychtor	Cec 300		
Address:	13965 May	1. High dian	,		
	160001 NSq 71.	3236/			
ARTICLE VII	<u>INCORPORATOR</u>	シ			
The name and a	address of the Incorporator is:	1,			D.D.
Name:	Duly M. His	htower			017
Address:	(10 BOX 33 H			,	
	13965 Way.	Herry 3236	1		
	EFFECTIVE DATE:				
	if other than the date of filing: date is listed, the date must be sp	pecific and cannot be me	. (OPTIONAL) ore than five days prior (or 90 days after th	မှာ ne filing.)
•			or and the second		vo
Note: If the da document's effe	te inserted in this block does not meetive date on the Department of St	cet the applicable statutorate's records.	ry filing requirements, this	s date will not be li	sted as the
Taving been n ertificate, I an	amed as registered agent to accept the appo	t service of process for the	he above stated corporati nt and agree to act in this	on at the place de capacity	signated in this
	198ths Ween-	- Hickmul	2(9/29/1	7
	Required Signature of R	- H (MOU) Legistered Agent		Date	
submit this do	ocument and affirm that the facts si ent of Spate constitutes a third degre	tated herein are true. I an	n aware that any false info in \$ 817 155 F \$	ormation submitted	l in a document
, and the state of	// . //	_ / / /		01/20	1,-7
	Required Signature	of Incorporation	<u> 1000</u>	Date /	1/
l		J		/	

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