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SECALTARY OF STATE

D:

A. TAGE

COVER LETTER

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

SUBJECT: Service to the WOS OF CORPORATE NAME - MUST INCLUDE SUFFIX)

enclosed is an original and one (1) copy of the Afficies of incorporation and a check for:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CODY DECUMPED		

FROM: Donte smith

Name (Printed or typed)

2103 cora | Way, 2 not flood

Address

Address

(736) 543-5/199

Daytime Telephone number

Service to the world-12 eyorhoo.com E-mail address: (to be used for future annual report notification)

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	I NAME of the corporation shall be: Sebyice to	the worlding		
ARTICLE	II PRINCIPAL OFFICE	,		
	Principal street address:	Mailing address, if different is		
1	130 NW 795+	2103 coral way, 21	id flo	106
-4	mani, fl	siami, fl		
_	03/47	13/45		
ARTICLE	III PURPOSE	4. 11 / "		,
The purpos	se for which the corporation is organized is: 38's stablishauay of life 1 tuality of solitude of	riThality, education e	20010	مکی بید
10 to	to lite of solit de a	C. C. TE'C's ation of	er a	
Af ~	conomics disasters.	- toggit, candy tron	7 605	15
01.5	COMPAILS DISASTERS.			
				
		· · · · · · · · · · · · · · · · · · ·		
ARTICLE	IV MANNER OF FLECTION The manner in	which the directors are elected and appointed:	1 Ra VI	
AKTICEE	The manufacture in	winch the directors are elected and appointed. W11	1 "DC" As	2 Dally
ADTICLE	V INTELL OFFICERS AND OR DIRECTOR			
ARTICLE	V INITIAL OFFICERS AND/OR DIRECTOR	<u>5</u>		
Name and	Title: Poesident Travis yest N	Name and Title:		
Address	2785 N. W. 425 + # 6 A	Address:		
	miani,f/2		_ <u>F</u>	2011
	83142		— <u>₹</u> £	HAR TI
Name and	Tille: Vice president Ponte soith	lame and Title:	—KSSE —SSE	FILED R 26 Ph
Address	2103 coal way, 2nd floor	Address:		
	miami, f		ST <u>¥</u> 3	
	33/45		_	54
Name and	Title: Tresurer/secletary- Yashua Co			
Address	SSS N.E.167st A	Address:		
	North miani.fl	· -	_	
	33/6/			

Name and Title:		Name and Title:	
Address _		Address:	
-		-	
Name and Title:_		Name and Title:	
Address _		Address:	
_	·		
_			-
	REGISTERED AGENT orida street address (P.O. Box NOT acc	eptable) of the registered agent is:	2018 MAR SEURETA SALLAHAS
Name:	Dante snith		HAR 26 RETARY NHASSE
Address:	2103 cora / way, 2 ad minni, fl 33/45	floor	26 PM 26 PM RY OF S
	m, nr., 1/ 33/43		SR f:
	INCORPORATOR Idress of the Incorporator is:		Ž ₩ Ā
Name:	Travis west		
-			
Address:	2785 NU 425+4+6		
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d	ate is listed, the date must be specific a	nd cannot be more than five days prior or 90 da	ys after the filing.)
Note: If the date document's effect	inserted in this block does not meet the a tive date on the Department of State's rec	applicable statutory filing requirements, this date without sords.	ill not be listed as the
Having been nat certificate, I am f	ned as registered agent to accept service amiliar with and accept the appointment.	of process for the above stated corporation at the as registered agent and agree to act in this capacity	e place designated in this ,
	Required Signature of Registered	23/1	4/18
I submit this does		G	· Date
to the Departmen	t of State constitutes a third degree felony	rein are true. I am aware that any false information o as provided for in s.817.155, F.S.	i suomitiea in a documeni
dans	Required Signature of Inco	03/10	4/18
	Required Signature of Inco	rporator	Date