DOODOO33148 TRANSMITTAL LETTER

UO MAR 28 AM 7:50

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

SUBJECT:		rate name - must include suff	fix)	to produce the second
			100003187 -03/28/00 *****78.79	72210 01063001 ******78.75
Enclosed is an origin	nal and one (1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM		nmed rinted or typed)	e de la	in the second section of the section
-	9055 Weep	ing willow Address	st.	tt filt g
	Brooksville	1 FL 344 State & Zip	013	an an an an an
	352-597	- 1737 Telephone number	· · · · · · · · · · · · · · · · · · ·	, · · · -, 5 6

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

	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
•	ARTICLE 1 NAME The name of the corporation shall be: Sharper 621, 1.5. (17516) ARTICLE 1 NAME The name of the corporation shall be:
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 13103 Cortez Blvd, Brooksville FL 34613
	ARTICLE III PURPOSE The purpose for which the corporation is organized is:
	ARTICLE IV SHARES The number of shares of stock is:
	ARTICLE V INITIAL OFFICERS DIRECTORS The name(s) and address(es):
,	ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent are: JOAnne Ahmed QOSS Weeping willow St. Brooksville, FL 34613
	The name and address of the Incorporator are: 70ANNE Ohmed 9055 Weeping willow St.

	Signature/Incorporator Signature/Incorporator Signature/Incorporator Signature/Incorporator Signature/Incorporator
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