

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

Tallahassee, FL 323	14			
SUBJECT:	ROYAL MAN	TE NAME – MUST INCL	VDE SUFFIX) SOOOO3232 -05/01/001	**************************************
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a		*****78.75
☐ \$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: KAHILA JAKUBOWSKI  Name (Printed or typed)				
171 COQUINA KEY DR.  Address  Address				
DRMOND BEACH, FL 3217				

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

ARTICLES OF INCORPORATION	I
In compliance with Chapter 607 and/or Chapter 621, F.S.	(Profit)
ARTICLE I NAME The name of the corporation shall be: INTERPOYAL MANAGEMENT VO	ERNATIONAL
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  171 COQUINA KEYDR  ORHOND BEACH, FL 32176  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	HAILING: 171 E. GRANADABLUD, # ORHOND BEACH, FL3217
ARTICLE IV SHARES The number of shares of stock is:  / OO	••
ARTICLE V INITIAL OFFICERS/DIRECTORS (op The name(s) and address(es):	otional)
MA	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agen	
KAMILA JAKUBOWSK/ 171 COQUINA KEY DR ORMOND BEACH, FL 32176  ARTICLE VII INCORPORATOR	It 1s:
he name and address of the Incorporator is:	•
KAHILA JAKUBOWSKI 171 COQUINA KEYDR.	
ORMOND BEACH, FL 32176 ************************************	
aving been named as registered agent to accept service of process for a crificate, I am familiar with and accept the appointment as registered a	the above stated componential at the T.
Koula Jakubouse	5/1 2000
Agnature/Registered Agent	Date
gnature/Incorporator	5-1 2000
Comment of potator /	Date