P	TRANSMIT ON Ons	TAL LETTER	169	To the second		
Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 3231						
SUBJECT:	VONNE TAC. (PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)			
Enclosed is an origina	d and one(1) copy of the article	es of incorporation and a		509 64001 ****78.75		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Evelyn Vyonn Name (Pr	rinted or typed)		· 		
867 Tortoise Way Address						
Tack(Muille, Floridy 2,2218) City, State & Zip						

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



In compliance with Chapter 607 and/or Chapter 62	1, F.S. (Profit)		-
ARTICLE I NAME The name of the corporation shall be:			- R
Yvonne Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			TO Y
ARTICLE III PURPOSE The purpose for which the corporation is organized	33378	Ţ,	S. S
Investment Club	<u></u>		
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS/DIRECTOR The name(s) and address(es):	TORS (optional)		
Evelyn Yvonne West 867 Tort Dise Way			
ARTICLE VI REGISTERED AGENT	329-18		
The name and Florida street address of the register	red agent is:		
Erelyn Yvonne West 867 Toffoise Way			
ARTICLE VII INCORPORATOR	32518		
The name and address of the Incorporator is:	- -	•	
Evelyn Yvonne West 867 Tortoise Way Jacksonville, Florida	32218		
Having been named as registered agent to accept service of pr	********************	**************************************	****
certificate, I am familiar with and accept the appointment as re	egistered agent and agree to a	porution at the place designated ct in this capacity	ı ın this
Civelyn Alvonio UCS		$\frac{32-33-0}{\text{Date}}$	
Firelly Wound a	11st	52-23-01	
Signature/Incorporator		Date	

Date