TRANSMITTAL LETTER

P01000034101

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 DI AFR -4 AM II: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900993358529775 *****78.75 ******79.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

- □ \$70.00
- **3** \$78.75
- Filing Fee
- Filing Fee
- & Certificate of Status
- \$78.75
- \$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTOPHEN Emmel Meman DV SION Name (Printed or typed)

Name (Printed or typed)

Name (Printed or typed)

Address

Address

Daytime Telephone number

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

Com 4/4

Ì	ARTICLES OF INCORPORATION	
	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	- -
·	ARTICLE I NAME The name of the corporation shall be:	TEVED ED
	PI.P.I.M. INC.	M//.
r Màlio	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1447 Stone Rd. Apt # 89 Tallahassee FL 32303	STATE ORIDA
÷ (3 3505 Someree Sto TAllahassee, FL 32301	MAN " NE TYPE
	ARTICLE III PURPOSE	
	The purpose for which the corporation is organized is:	
	Opening bussiness (club)	
	ARTICLE IV SHARES	
	The number of shares of stock is:	
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
	The name(s) and address(es):	
	Chais Forter memany.	
	1447 Stone nd- April 89 3	. 25 5.7
To	1/71,32303	e de la companya del companya de la companya del companya de la co
	ARTICLE VI REGISTERED AGENT	_
	The name and Florida street address of the registered agent is:	
		· · · · · · · · · · · · · · · · · · ·
	CHRISTOPHEN MCMANA	,
	1447 Store Rd Apt 4 89	
	Tall. 32303	A STATE OF THE STA
	ARTICLE VII INCORPORATOR	
	The <u>name and address</u> of the Incorporator is:	
	CHRISTOPHEN MIMANN	-
	1414 Stone Rd / Apt 4 89	
	Tally 1 32303 **********************************	t in the second
	Having been named as registered agent to accept service of process for the above stated corporation at the place design	
	certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	MAPLE OF BIOLI
	NA CONTINUE	
	Signature/Registered Agent Date	
	Men E. Theles	,
	Signature/Incorporator Date /	