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

\$70.00

FORMATIONS INC

\$78.75

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

PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status PPY REQUIRED		
FROM:	Tom STALLI	<u> </u>	<u> </u>		
	•	Printed or typed)	, SE	2	
5616 S. Zuer SANDS Circl)1 AUG	
		ddress	ASS	<u> </u>	Company Total
	KeysTone A	1e,96TS FC	32656	PH	, L
•	City, S	State & Zip	FORE	.: 	
	352-4	73-5387			
•	Daytime Te	lephone number			•

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)

FILED

01 AUG 31 PM 12: 01

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

Property of

The name of the corporation shall be:

FORMATIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOD 1937 KeySTOWE HEIGHTS FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF STANDARD BusINESS FORMS

ARTICLE IV

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

TOM STACKINGS 5616 SILVER SANDS CIRCLE KeysTowe HeighTS FC 32656 CAROLYN STALLings 5616 Silven SANDS Circle REGISTERED AGENT Heights FL 32656

The name and Florida street address of the registered agent is:

TOW STALLINGS JR 5616 SILVER SANDS CIRCLE KEYSTONE HEIGHTS FL 37656

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tom STALLINGS TR 5216 Silven SANDS CIRCLE Key STOWETHEIGHTS FL 32656

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Ager