PO! OO BISYTA GITTER Z/ILED

01 NOV -5 PM 5: 32

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETALL OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
3nclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:
\$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 Status
		ADDITIONAL CO	PY REQUIRED
FROM	Jacquiling Name (P	Wachter rinted or typed)	
	510 Olive	or Aur-	
	Alternate S	Address MNOS Hotate & Zip	onda 3270
	/ 11 000 000	1270	

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

Daytime Telephone number

ARTICLES OF I	INCORPORATION Chapter 607 and/or Chapter	621, F.S. (Profit)		
ARTICLE I N	AME	٠ ٠	FUED	-=.
C.	5.M. MUS	SECK TALL	JV -5 PM 5: 32 IE. And Up STATE AHASSERAEL ORIDA	
ARTICLE II P The principal place of	RINCIPAL OFFICE business/mailing address i	s: 510 Oli Imonte Spri	ngs, the	ida 37.701
			•	_
	SHARES	V		
ARTICLE V IN The name(s), address	TITIAL OFFICERS/DIR (es) and title(s):	ECTORS (optional) SCY - Pres	ident	
The <u>name and Florion</u>	REGISTERED AGENT la street address of the res INCOSSIU - 510 AMai	gistered agent is:	re: Horida	32701
	INCORPORATOR ss of the Incorporator is:) 	
510 Oliver A Alternate Sorinos	ur- 1, Florida 32701	******	*******	·*******
Having been named as re	gistered agent to accept service with and accept the appointment			designated in this
Signature/Registered	Agant //	 .	Date /	<u> </u>
Signature Incorporate	J. Wachter	————————————————————————————————————	11/1/30 Date	rd .