## TRANSMITTAL LETTER

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

-11/09/01--01015--001 \*\*\*\*\*70.00 \*\*\*\*\*70.00

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

Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50  Filing Fee, Certified Copy & Certificate of Status
FROM:	John 19	etoher	OPY REQUIRED

Name (Printed or typed)

Daytime Telephone number

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

400 0

## **Articles of Incorporation**

1. The name of the corporation shall be:	
Johnny Fletcher, 1	TV STATE
2. The principal place of business and mail:	ing address of the corporation is:
5241 Alpha Ave Jox	~ 12 377.15 Con 10
3. The corporation shall have the authority	
4. The registered agent of the corporation registered street address is 5341 B. Florida 5220	is, JOHN GOTE PLETCHER the
registered street address is 534 / Florida 3220	plus AVE, 500 FG 32205.
Fiorida	
5. The initial Board of Directors shall have	member(s) whose name(s) and address(es)
is/are as follows: John Flatche	
Sou Tipha Hue, Ja	6 FL 32205
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated ( 1-7-01

Registered Agent