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(Re	questor's Name)	
(Ad	dress)	
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(Cît	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECTION 18 PH 1: 02

TRANSMITTAL LETTER

۶,

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

(PROPOSED CORPORA)	THE REAL PROPERTY OF THE PROPE	
inal and one (1) copy of the artic		
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
Name (4550 NW 9 Migmi, F. City, 354	Printed or typed) All Street H Address 1-33/26 State & Zip -709-0457	208
	sinal and one (1) copy of the article \$78.75 Filing Fee & Certificate of Status Offo L. By Name of Status A 550 NW 9 Mignati, F. City, 954-	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee \$78.75 Filing Fee

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

n compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
A TOMOTON VI. V. N. N. A. N. M. N. N. A. N. M. N.	F Lin lim D
ARTICLE I NAME The name of the corporation shall be:	02 NOV 18 PM 1: 0
e ezztent. com, co	SECKLIANUM STAT
ARTICLE II PRINCIPAL OFFICE	7 () () () () () () () () () (
The principal place of business/mailing address is: 4550 NW 94 Street #208	
Mani , 12 - 33/26	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Plo four or the Interest enobling indiv. is businesses it offer services and products of	iduals
: businesees ito offer services and products of	a sent.
ARTICLE IV SHARES	
The number of shares of stock is:	
1,000,000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
Otto Bethlen, Prindert 4550 MV 9 th Street # 208	
Miani, Fl - 33/26	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Otto L. Bethlen 4508	
4550 NW 9th Street # 208	
Miam, FZ- 33/26	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Offol. Bethlen 4 Street #208	
Miani, -1-32/26	· *****************
Having been named as registered agent to accept service of process for the above stated cor certificate, I am familiar with and accept the appointment as registered agent and agree to ac	
MAS Bethlen	11/12/02
Signature/Registered Agent	Date
ma 10 HD	1.11
(// FT / //FBA/IAX/a)	11/19/18/