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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT:

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED		
FROM: HAGUE O// VA Name (Printed or typed)				
1800 W 49 st #207				
WiALD H [33012 City, State & Zip				
305- FDJ-5369				

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: The principal place of business/mailing address is: HIALE AN ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: The number of shares of ct--1; is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): 70 Cec. The name and Florida street address of the registered agent is: INCORPORATOR ARTICLE VII The name and address of the Incorporator is: 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

-Date

ture/Registered Agent