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SECRE LINE OF STATE ALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
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964 989-3718 954963-8485

Daytime Telephone number

## 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: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III *PURPOSE* The purpose for which the corporation is organized is: er services for their Floors. ARTICLE IV The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT The pame and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR 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

antana 119 Clifton

Signature Registered Agent

Signature/Incorporator

Date

Date