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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT:	FLAT BROV (PROPOSED CORPORATE I	THE.			
	(PROPOSED CORPORATE I	NAME – MUST INCLUDE	SUFFIX		
Enclosed is 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  ADDITIONAL CO	& Certificate of Status		
FROM:  LaTauaus FOET  Name (Printed or typed)  280 JOHN KNOX RD, #277  Address					
	THC(AHASSEC City, S City, S (954) 803 - 10 Daytime Te		- 		

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME		
The name of the corporation shall be:  FLAT BROKE FAC.		-
ARTICLE II PRINCIPAL OFFICE The principal place of hydroxy mailing address is:		
The principal place of business/mailing address is:  280 John Knox RD, # 997		
TALCAHASSEL, FL 32303		
THE STATE OF [LORIOA,		
ARTICLE IV SHARES The number of shares of stock is:  / (0~2)		SECRETAR) TALLAHASS 03 JUL 31
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)		32 ASSET
The name(s), address(es) and title(s):		ED STATE OF STATE EE, FLORIDA PM 1: 12
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  LATALLES FORT  180 JOHN KNOX LO, #007  7911, FC 30303		
ARTICLE VII INCORPORATOR	,	
The <u>name and address</u> of the Incorporator is:		
280 JOHN KNOK RO, #207 TALC, FC 30303	*****	******
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	ation at the place this capacity	designated in this
	7/2/10	<b>1</b> 5
Signature/Registered Agent D	zate	

Signature/Incorporator