## P030000858388

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Žip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DEPAN TO STATE DIVISION OF CORPORATIONS TALLAMASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT:	Chris Oca (PROPOSED CORPORATE I		E SUFFIX)			
Enclosed is an origin	nal and one(1) copy of the article	es 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
Chris A Organ Sc.  Name (Printed or typed)  717 Flagg ST						

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

Daytime Telephone number

	<b>.</b>		
ARTICLE	SOF	INCORP	PORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE	I	NAME

The name of the corporation shall be:

Chris Organsr. Inc

03 AUG -6 AM 10: 57

## PRINCIPAL OFFICE

The principal place of business/mailing address is:

717 Flagg ST Tall Fla 32301

ARTICLE III

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

8 c0 Organ Sr.

> Flagg St REGISTERED AGENT

The name and Florida street address of the registered agent is:

Flaga 57

Tall. Fla 32301 Chris Organ Sc ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fla 32301 Chris Organ

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

Signature/Incorporator