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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	ļ
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TRANSMITTAL LETTER

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

JECT:	BRYAN N PROPOSED CORPOR	AGLE P.A. ATENAME-MUSTINGLE	UDE SUFFIX)
sed are an orig	inal and one (1) copy of the at	ticles of incorporation and	i a check for:
\$70.00	□ \$78,75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	T I REQUIRED
FROM: _	BRYAN 1	VAGLE	
ricom	Nam	e (Printed or typed)	
. •	P.O. BOX	3675 <i>68</i>	
-		Address	· · · · · · · · · · · · · · · · · · ·
-	Bonita :	Springs F	L 34136
	City	7, State & Lip	
	239.	910-007	1
-	Daytime	Telephone number	

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

The principal place of business/mailing address 35/4/ FAMDISE BONINA SPRINGS FUSH ARTICLE III PURPOSE The purpose for which the corporation is organ	FL 34136	12
ARTICLE IV SHARES The number of shares of stock is: 200		OS AUG 18
ARTICLE V INITIAL OFFICERS/DI The name(s), address(es) and title(s):	RECTORS (optional)	18 PH 3: 36
ARTICLE VI REGISTERED AGE The name and Florida street address of the re		is Rd 75 FL3413
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	BRYAN NAgle 25141 faradis Bonita Spring	E EL

BRYAN NAGLE P.A.

ARTICLES OF INCORPORATION

Signature/Registered Agent

Signature/Incorporator

ARTICLE I NAME

The name of the corporation shall be:

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