## 103000094643

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del> 5:
Special Instructions to Filing Officer:	

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## TRANSMITTAL LETTER

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

SUBJECT:	Get Common Nam	es Inc. Tename- <u>must incl</u>	
	(PROPOSED CORPORA	tte name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	i a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	Grey Wells Name	e (Printed or typed)	
1	455 Alternate	19 # 11 Address	
	Palm Harbor, FL City	34683 , State & Zip	···
;	(727) 4100- Davime	57 9 Felephone number	· .

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

In compliance with Chapter 607 and for Chapter 601 E.C. (Bur Cit)				
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	DIVISION OF CORPORATIONS			
ARTICLE I NAME	73 ¥.	ISTUNITIF'(	CORPORATIONS	
The name of the corporation shall be:	03	AUG 20	PM12: 21	
Get Common Names, Inc.		- <b></b> -	1012:21	
ARTICLE II PRINCIPAL OFFICE		S. W. Oak J		
The principal place of business/mailing address is:				
455 Alternate 19, #11				
Palm Harbor, FL 34683				
ARTICLE III PURPOSE	•			
The purpose for which the corporation is organized is:		•		
			•	· <del>*</del> .
General Business				
ARTICLE IV SHARES				
The number of shares of stock is:			•	
500				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>			
List name(s), address(es) and specific title(s):	-4			-
Grey Wells, tresident				
Grey Wells, President 455 Alternate 19, #11				
Palm Harbor, FC 34683				
ARTICLE VI REGISTERED AGENT				
The name and Florida street address of the registered agent is:	., **		-	
Grey wells				
455: Alternate 19, # 11				
Palm Harbor, FE 34683				
ARTICLE VII INCORPORATOR	-			
The <u>name and address</u> of the Incorporator is:				
Gay Wells				
Grey Wells 455: Alturnate 19, # 11				
Inlm Harbor, FI 34683				
**************************************				
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and	ve stated co. i agree to ac	rporation a t in this cap	t the place design pacity	ated in this
96 / 1n//		a f	i	
Signature Registered Agent		<u> </u>	26/03	-
Signature/Regristered Agent			Date	
M_ / hM//		~ 1	_ 1	
Signature/Incorporator		8	26   63 Date	-
organism meorporator			eru ev	