Po3000/14925

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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:	(PROPOSED CORPORAT	APPLATE NAME - MUST INCLI	CE SUFFIX)	1105,3	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	l a check for:		
□ \$70.00 Filing Fec	\$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		
FROM:	LES TETL Name (Printed or typed)	<u> </u>	- 	
	77	Address)	THE		
	SE TO	State & Zip	- 3 RT 8	·	
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NOTE: Please provide the original and one copy of the articles.

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 The purpose for which the corporation is organized is: ARTICLE IV **SHARES** The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI The name and Florida street address of the registered agent is: ARTICLE VII The name and address of the Incorporator 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/Registered Agent

Signature/Incorporator