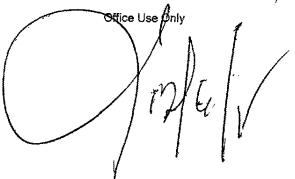
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(Re	equestor's Name)		
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE TALLAHASSEE.FLORIDA



TRANSMITTAL LETTER

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

CHDIDOT.	Lonch 17	1220 CL54C8	Inc		
SUBJECT:	(Proposed corporate 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	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: _	ZaKary	Zorich	· · · · · · · · · · · · · · · · · · ·		
·· Name (Printed or typed)					
	35 35	NW 3rd A	ve Apt 1		
Address					
	Boca F	Paten FC	3343		
	City,	State & Zip			
(SØI) 702 5115					
Daytime Telephone number					

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

ARTICLES OF INCORPORATION *The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ZORICH & Associates The ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 601 N Ocean Blud ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: INCORPORATOR

Boca Raton FL 33437 ten shares Za Kany Zarich 3535 NW3MARE Bora Raton 33431

The name and address of the incorporator to these Articles of Incorporation are:

Zakany Zonch 3535 NW 3MAR Boca Pata 3343/

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and occept the obligations of my position as registered agent

gnature/Registered Agent

Signature incorporator