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(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				
		-		



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TRANSMITTAL LETTER

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

SUBJECT: L+	1545005 Ca				
	(PROPOSED CORPORATE	NAME – MUST INCLUDI	SUFFIX)		
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and 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 Status		
		ADDITIONAL CO			
FROM:					
Lionell Singleton Name (Printed or typed)					
1112 South manola DR					
Address					
Tallal 101 273-1					
TAMAGSEC 72 32301 City, State & Zip					
		4			

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:	
L HS & Bons Can Créte Inc	
ARTICLE II PRINCIPAL OFFICE	o Fs
The principal place of business/mailing address is:	SECRETAIL ALLAHOSE OF HAR -9
1112 South magnolf DR Apt PP202	第 字页
TAMAHASSEE FL 32301	ra~im
ARTICLE III PURPOSE	至 二氯四
The purpose for which the corporation is organized is:	STATE LORIDA 9: 30
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
Lionell Singleton.	
1112 South Magnola DR Apt p202 TAllahassee 7 LA 32301	
TALLAHASSEE 7-LA 32301	
President	
ARTICLE VI REGISTERED AGENT	•
The name and Florida street address of the registered agent is:	
Lionell Singleton	
11/2 South magnola DR pot proz	
1//2 South Magnola DR Tallahassee 76 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
The name and address of the Incorporator is:	
· · · · · · · · · · · · · · · · · · ·	
1112 South magnola DR ADA PZEZ	
TAIIAHASSEE FL 32301 ************************************	********
Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	edesignated in this
2 11 1 1 1 1 t	1.1
Signature/Registered Agent Date	04
Signature/Registered Agent Date Signature/Incorporator Date	104
Signature/Incorporator Date	