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(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Rusinges Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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TRANSMITTAL LETTER

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

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TNCLUDE SUFFIX) **SUBJECT:**

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

S70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status

\$78.75	\$ 87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
1	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: (Printed or Vame Address City, State

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

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The name of the corporation shall be:

Inc.

ARTICLE II **PRINCIPAL OFFICE**

The principal place of business/mailing address is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ame. r

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V **INITIAL OFFICERS/DIRECTORS (optional)**



ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

AR VIIINCORPORATOR

The name and address of the Incorporator is:

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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

Signature/Incorporator

5/27/04 Date 5/27/04
