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SECRETARY OF TATE
DIVISION OF COUNTY TATE
38.39

TRANSMITTAL LETTER

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

	(PROFOSED CORPORA	TE NAME – <u>MUST INCL</u>	ODE SUFFIX)
closed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	TONY PROVENZANO		
	Name	(Printed or typed)	
	379 TEAKWOOD DRIVE	Address	· · · · · · · · · · · · · · · · · · ·
		4222 State & Zip	04 JUN -7
	(941) 730-7 Daytime T	256 elephone number	PM 3: 39

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: EAST-WEST SPECIALTIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 379 TEAKWOOD DRIVE

ELLENTON, FL 34222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

TONY PROVENZANO - PRESIDENT

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

TONY PROVENZANO 379 TEAKWOOD DRIVE ELLENTON, FL 34222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: TONY PROVENZANO

REGISTERED AGENT

379 TEAKWOOD DRIVE ELLENTON, FL 34222

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/Registere/ Agent

My voney Vony hoven

Date

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