04000093794

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP MAIL MAIL
\
(Business Entity Name)
(Document Number)
Certified Copies
Special Instructions to Filing Officer:

Office Use Only



600036233316

06/18/04--01024--020 **128.75

RECEIVED

TRANSMITTAL LETTER

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

SUBJECT:	NJVA.	. CORPO	RATION
Enclosed is an origin	(PROPOSED CORPORATE nal and one(1) copy of the article		-
\$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
	Ahmose Name (P)	FROM: AVIN SR rinted or typed) K Hammod	

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) NAME The name of the corporation shall be: CORPORA TIUN PRINCIPAL OFFICE The principal place of business/mailing address is: ammock The purpose for which the corporation is organized is: networking The number of shares of stock is: Sardi Hay-Secreta 2014 Sheridan Rd Talla, FL 32301 INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): 3001 Dax Hammock Tailahassee, fl all - Vice President The name and Florida street address of the registered agent is: Talla, FL The name and address of the Incorporator is: </ A AVIN Hammock Lane 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/Incorporator