## P04000115507

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(= 1000 = 2000) (1000 = 7				
(Document Number)				
(Dooding Reality)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400038749024

08/03/04--01006---021 \*\*87.50

DIAISION OF POST CEVELON 20 S IN 6- 9NV 90



## TRANSMITTAL LETTER

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

SUBJECT:	Jim Ward		HON STEPLY	
	(PROPOSED CORPO	DRATE NAME – <u>MUST INCL</u>	ODE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	Jim War	ame (Printed or typed)		
	1442 Cores	Ri'de' Address	O4 TALL	
	Tallahuss	Sere, FL 323 City, State & Zip	ETC" 4	
	850-89	ne Telephone number	AM IO: 5	4 5
			)	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:  True wares, I	In c
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: / 442 Love TALLAMENTE	y Ride FC 32312
ARTICLE III PURPOSE	P Limabell Buiznes
ARTICLE IV SHARES The number of shares of stock is:	
1442 6	nt-Jon WARD prey Ride Masser, FC 323/2
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) address (P.O.	registered agent is: Dc. Q. Warn Corus Rickett G. L.
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  1442  TABLE NA	AMID: 51 SCAFE SCA
**************************************	d corporation at the place designated in this to act in this capacity  One of the Date
1/2 /1/0.0	8/1/14

Date

Signature/Incorporator