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TRANSMITTAL LETTER

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

SUBJECT:	NATIVE H	TE NAME - MUST INCLI	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	DDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	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	PY REQUIRED
FROM:		E. Grant (Printed or typed) Onico St. Address au. FL 3a	707
	City	, State & Zip	
	321-302- Daytime	1043 Telephone number	

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

APPROVEL AND FILED

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	05 JAN 24 PM 1:28	
	SECRETARY OF STATE	
ARTICLE I NAME The name of the corporation shall be:	TALLAHASSEE, FLORIDA	→
NAtive Pride, Inc.	•	.• • =*
prover ruse, as a		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is: 541 Del monion St		
LE Palm BAY, FL 32907		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		_
Home and Roof Repair.		
112000000000000000000000000000000000000		
ARTICLE IV SHARES The number of charge of stock is:		
The number of shares of stock is: 1,000		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	·	
List name(s), address(es) and specific title(s): Kimberly Grant 541 Delmonico St Ne Pali Marc Blson 541 Delmonico St Ne Pali John Breedlove 700 Bianco Dr. Ne Pal	m BAU FL32917 Vice	Hesidli
Kimberly Grant 540 elmonico SINE Pall	m BAU FL32917 Vice	Hesidli
Kimberly Grant 541 Delmonico St Ne fall Marc Blson 541 Delmonico St Ne fall John Breedlove 706 Bianco Dr. Ne fall ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	lm BAY FL 32907 Vice Im BAY FL 32907 Trai	Hesidli
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