## P0500035074

(Requestor's Name)	, <del>,</del>
(Address)	
(Address)	
<i>(</i>	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del>
<u>,</u>	
	· · · · · · · · · · · · · · · · · · ·
(Document Number)	
Certified CopiesCertificates of	Status
Special Instructions to Filing Officer:	
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## TRANSMITTAL LETTER

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

		• >	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Felipe D. D	(Printed or typed)	
_	1152 Ou	ercesh D	
	Donedin	Address  H. 34	<u> </u>
	City,	State & Zip	
	727 204 Daytime To	26 71	<del></del>

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

Dunedin 71 34678		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
Construction	- >	
ARTICLE IV SHARES The number of shares of stock is:	•	
1000事		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)		
The name(s), address(es) and title(s):  Tologo D Ossa President.	0 7	
· series	05 F	
Nonediu 7 34698	EB 98	; ; 
Donediu 7 34698	28 28	=
ARTICLE VI REGISTERED AGENT	<b>P R</b> P <b>Q</b>	ζĊ >
The name and Florida street address of the registered agent is:	3: 02	† <u>†</u> †
Telipe D Oses Presi	ี้ ปี2	1
1152 Overcock Dr		
Dunedin +1. 34698		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
1152 Overcash Dr		
Duredin 71 34698		
***************************************	**********	įŁ
Having been named as registered agent to accept service of process for the above state	ed corporation at the place designated in the	is
certificate, I am familiar with and adopt the appointment as registered agent and agree	e to act in this capacity	
	02-26-05	
Signature/Registered Agent	Date	
	02-26-05	
Signature interporator	Date	
4		

ARTICLES OF INCORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

ARTICLE I NAME

The name of the corporation shall be:

ILISZ OVERDSU Dr

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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