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(D.	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	X WAIT	MAIL.
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	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

SUBJECT:	Unfirmations	. Inc.	
	(PROPOSED CORPORAT	'E NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Illa landi	Printed or typed) Oup ddress	25 211
	850-656	State & Zip	<u> </u>

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)
The name of the corporation shall be: Confirmation 5, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: POVICE RSVP Selvices to the purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is: 5
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Vonus, MITS Bours, Plesident Rebeat Johnson, Vice-Plesident
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Condamily Boundary 3231 112 Condings Condings
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Signature/Incorporator 3/39/05 Teate