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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	Julie C-	TRuluck,	/NC.
Enclosed are an orig	(PROPOSED CORPORA) inal and one (1) copy of the artic	TE NAME – <u>MUST INCL</u> I	a check for:
\$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
FROM:		(Printed or typed)	eek Cir
	RIVERUIE City,	State & Zip 431-006	329

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) ARTICLE I NAME The name of the corporation shall be: Os APR - 1 PM 2: 52
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: CLOCK CIRCLE III PURPOSE The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is: 10005 harcs
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): List name(s), address(es) and specific title(s): List name(s), address(es) and specific title(s): PROS - 89111 A Wordon Creat Cix, River and Cooks Dr. Rand C-Truluck - VP - 10139 Paddeck Cooks Dr. Riverview, F1 - 33129
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SGIT A War doen Challe Cen., Riverview, Fl 33569
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SRIM Abardeen Charle Car, Riverview, F1 33569

Signature/Incorporator

33.