## P0500051206

•	•	•
(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<del></del>
(Ci	ty/State/Zip/Phone	#)
<b></b>	F	<b>-</b>
☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opadim madagina ta	i milg Gilbol.	ĺ
		1
		1
	Λ	
 	//	
	Office Use Only	, 1
	/ /	I = I = I
	1 116	1. 1 /
1 /	141	
		* 10
	1 1	1



700048506687

04/04/05--01006--003 \*\*87.50



## TRANSMITTAL LETTER

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

SUBJECT:	Certifieu	
Enclosed are an ori	,	les of incorporation and a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	Nicholo.c. Name (1)	
	Old Locks 305-910	77 33055 itate & Zip - 66 03

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

ARTICLE I NAME The name of the corporation shall be:  Ext. Fig. Avid Class  ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  OPA Locka FL 33 055
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Remove & Replace, Repair Self  ARTICLE IV SHARES  The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Nicholo.c. waste — Owner  370/NU20 57 0PA Locked F/ 33055
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Nicholo Jake  5001 N.W 201 51  D74 Locken 33055  ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:  NICLOW WATE TO B3055  **********************************
Signature/Registered Agent  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator  Date