(Requestor's Name) (Address)	500061575365
(Address)	
(City/State/Zip/Phone #)	17/28/0501029001 ** 73.75
(Business Entity Name)	
(Document Number)	
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COVER LETTER

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

The SUBJECT: <u>Comfort Zone</u> OF <u>tallahossee</u> (PROPOSED CORPORATE NAME - <u>MUST INCLU</u> DE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

⊠ \$78.75 Filing Fee & Certificate of Status

\$78.75	\$ 87.50	
Filing Fee	Filing Fee,	
& Certified Copy	Certified Copy	
	& Certificate of	
	Status	
ADDITIONAL COPY REQUIRED		

FROM: Heath Little Name (Printed or typed)

1505 Jackson Blaff Rd, 9E

Tall. FL 32309 City, State & Zip

150- 575-7682 Davtime Telephone number

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:

Confort Zone of Tallahuse INC, The

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1505 Jackson BLAF RA TAIL & 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Furniture Store

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):

Heath Lillo(P)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Heath Little 4565 Kellsubild m Talli & 323p

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Heath Little 4565 Kellarbild tr. tall. R 32310

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

mature/Registered Agent

gnature/Incorporator

Date