## P060000047500

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		İ		
		}		

Office Use Only



600069144716

03/31/06--01017--022 \*\*78.75



M

## **COVER LETTER**

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

SUBJECT:	PROPOSED CORPORA	lye Inc.	UDE SUFFIX)
	(I KOLOSED COM OKA	I D NAME - <u>MOSE M.C.D.</u>	ODE GOTTEM
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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:	Cynthia Name 806 15-	Maffeo (Printed of typed)  Ave We	<u>-</u>
	Palmet (941) 12	to Floxida State & Zip  1-4185 elephone number	34221

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

## ARTICLE I NAME The name of the corporation shall be: 06 MAR 31 PM 3: 03 SECRETARY LE STATE TALL SHASSEE EL ORIOS PRINCIPAL OFFICE The principal place of business/mailing address is: 406 15th Ave West PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 Shakes ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Palmetto, Fl 34221 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: 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

ARTICLES OF INCORPORATION

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