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(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT:	Special Event (PROPOSED CORPORA	Port-O-Ich TENAME-MUST INCL	Inc ude suffix)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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 DPY REQUIRED
FROM:	•	(Printed or typed)	<u>,</u>
	15395 NW 30 OKecchobec FL	Address	7
	(407) 569-688-	7	

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: SPECIAL EVENT PORT-O-LET, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15395 NW 30th terrwc Okcechobeefl 34972
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Rent portable restrooms
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):
List name(s), address(es) and specific title(s): Brad Thomas Presidents 15395 NV 30th Terrace Arstin Thomas Vice President Okcechober FC Thaus Thomas Office Vice president ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Natasha Thomas 15395 NW 30th terrace ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Austin Thomas 15395 NV 3012 Terral C OKERCHOBER FL 34972

Signature/Incorporator

Date
6/14/67
Date