Po7000/30036

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PICK-UP	☐ WAIT	MAIL	
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DICEAN THE ALCOHON STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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1/4/-

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	ATE NAME – <u>MU</u> ST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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:	Bobby IRE 14/8 This TAMAHASSER City	PN 5 e (Printed or typed) Address Address State & Zip	303

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)	(7700 D D 47577)
ARTICLE I NAME The name of the corporation shall be:	FILED
ILRONS INC OF LEON COUNTY	O7 DEC -7 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY and all lawful business	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): P. BODON IYONS LUIS THOMPE ST. TUILONASSEE FI. 3230	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the Bobby Irons 1418 Thanpe St. Tallanassee, Fl. 32	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Boby TRONS I B Tharpe 5[-32303] **********************************	tated corporation at the place designated in this
Signature/Incorporator	//-07-07 Date