PC9000076565

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
_		_
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	j
		}





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J. SHIPS SEP 15 MID

COVER LETTER

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

SUBJECT:	UND CHEPTAL			
	(PROPOSED CORPORA	ATE NAME – MUST INCL	<u>ude suffix</u>)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:	
✓ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:		aul Walzer e (Printed or typed)	TALLAH	2009 SE
		NW 6th Drive Address	TARY TASSET	SEP 14
	Plantatio	n, Florida 33325 , State & Zip	Y OF STATE EE. FLORIDA	2009 SEP 14 PM 1:43
		381 4077 Felephone number)A	ယ်
	info@bu	uckmatch.com	notification)	

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)		
The name of the corporation shall be: BuckMatch Inc.		
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:		
Plantation FL 3335		
ARTICLE III PURPOSE The number for which the compaction is executed in		
The purpose for which the corporation is organized is:	70. Z	
for profit	2009 SEP IL PH I: L3 SECRETARY OF STATE TALLAHASSEE, FLORIDA	KA-7EP-
ARTICLE IV SHARES	P I	
The number of shares of stock is:	SEE SEE	3
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		"Mar
List name(s), address(es) and specific title(s): Saul Waizer (3480 NW6 H Orive Plantation FL 33325		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
Sourt Waite		
13480 NW 6 4 Drive		
Saul Waizer 13480 NW 6 4 Orive Plantation FL 3332	<u> </u>	
ARTICLE VII INCORPORATOR	,	
The <u>name and address</u> of the Incorporator is:		
Saul Waizer 13480 NW6 M Orive		
13480 NW6 MONUE		
**************************************	*****	***
Having been named as registered agent to accept service of process for the above stated	corporation a	t the
place designated in this certificate, I am familiar with and accept the appointment as reg		
agree to act in this capacity 9/8/6	9 <i>9</i>	
Signature/Registered Agent Date	;	

Signature/Incorporator