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, (Red	questor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: High LAND OFFICE CON HER TOD			
	TE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
☐ \$70.00 ☐ \$78.75 Filing Fee	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of		
	Status ADDITIONAL COPY REQUIRED		
FROM: George KAWHAYAS Name (Printed or typed)			
1430 Gulf Blud Apt 607			
CleAvwAter # 1 33767			
(727) 517, 9086 Daytime Telephone number			
E-mail address: (to be used for future annual report 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) ARTICLE I NAME The name of the corporation shall be: PRINCIPAL OFFICE The principal street address and mailing address, if different is: d Apt 60% The purpose for which the corporation is organized is: LAVE OF COMMON AVEA ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The <u>name and address</u> of the Incorporator is: RONALD J. GIOVINO JEL 2555 NURSERY RD **STE 104**

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

Signature/Registered Agent

Signature/Incorporator