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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

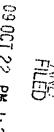
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SECRETARY OF STATE TALLAHASSEE, FLORIDA





COVER LETTER

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

SUBJECT:	Coffey And C	offey INC TENAME-MUSTINCL	2	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Sheila A.C.	Frinted or typed)		
4655 Parrau DR Address				
Columbus OH 43228 City, State & Zip				
 -	813-786 Daytime To	-3863		
	SCOFFey 19 E-mail address: (to be used	160 @ Yahoo. I for future annual report n	otification)	

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

•	APPHOVEL
ARTICLES OF INCORPORATION	AND
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	09 OCT 22 PM 1: 38
ARTICLE I NAME The name of the corporation shall be:	
Coffey And Coffey INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 4207 S. Dale Mabry Apt 9304 Tampa 7L 3361/ ARTICLE III PURPOSE The purpose for which the corporation is organized is: Starting a New Business	mailing Address: H655 Parrau DR Columbus OH 43228
ARTICLE IV SHARES The number of shares of stock is:	
	s H. Coffey, Vice-President man DR SOH 43228
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Sheila A.Coffey 42075. Dale Mabry Apt 9304 Tampa 71 33611 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Sheila A. Cottey	
Sheila A. Coffey 4655 Parrau DR Columbus of 43228	
(10[UMWO> OIT TOOM	*********
Having been named as registered agent to accept service of procest place designated in this certificate, I am familiar with and accept agree to act in this capacity	

Skeila a. Coffey
Signature/Registered Agent
Skeila a. Coffey
Signature/Incorporator
Sheila A. Coffey