P0900095936

(Requestor's Name)
(Address)
(Address)
(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300162651723

11/24/09--01024--001 **70.00



COVER LETTER

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

SUBJECT:	1931, Inc		UND CUPEIV
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 of
		ADDITIONAL CO	Status PY REQUIRED
FROM:	Nam	e (Printed or typed)	
	4640	NW 751. Address	
_	City, State & Zip		
	Daytime Telephone number		
	MPerezda (Dlamail com	actification)

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)	FILED
The name of the corporation shall be:	SECRETARY OF STATE
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: Wichia C. J. 33126	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Coun Real Calabe	
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):	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the LAW OFFICE OF PECANO DUCNIPA. USAN NOT FILE 38124	registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: LOW OFFICE OF PERVO DUON PA. WICHO NEW 7 FR. 38124	

Signature/Registered Agent	$\frac{16/30(09)}{10/30(09)}$

Signature/Incorporator