P10000057298

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
AUTHORIZATION BY PHONE TO							
CORRECT COOL REPORT							
DOC. EXAM 38 7/14/19							

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SECRETARY OF STATE

APPHOVE AND PILED

Ps 7/14/10

COVER LETTER

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

SUBJECT: Real Mo	om's of Lake Mary, Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 Status
		ADDITIONAL CO	PY REQUIRED
FROM: Alli	son King Name	e (Printed or typed)	
326	2 Safe Harbour Lane		
		Address	
<u>Lak</u>	e Mary, Florida 32746 City.	State & Zip	·····
321	-299-4360	, 2.u.o	
	Daytime T	Telephone number	
Allis	onking28@yahoo.com		
	E-mail address: (to be use	d for future annual report	notification)

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

	F INCORPORA					
In compliance wi	th Chapter 607 and	or Chapter 621, F.S	S. (Profit)			
ARTICLE I	NAME					
The name of the c	corporation shall be:					
Real Mom's of La	ke Mary, Inc	1				E
ARTICLE II	PRINCIPAL OF	FICE				
	et address and maili	ng address, if differe	ent is:			
3262 Safe Harbou					5	
Lake Mary, Florid	a 32/46			높	Ħ	
ARTICLE III	PURPOSE			SS X	10 JUL 12 AM 11:30	
The purpose for which the corporation is organized is:					720	רונט
Profit				D™ OW	X	₹
				TARY OF STATE ASSEE, 9,0911		
ARTICLE IV	SHARES			₹n1	õ	
The number of sha						
100						
ARTICLE V	INITIAL OFFICE Iress(es) and specific	CERS AND/OR D	DIRECTORS			
Allison King	3262 Safe	Lake Mary,	President			
Amson King	Harbour Lane	Florida 32746	Flesident			
ARTICLE VI	REGISTERE	D AGENT				
The <u>name and Fl</u>	orida street addres:	s (P.O. Box NOT ac	cceptable) of the registered agent is:			
Allison King						
3262 Safe Harbour						
Lake Mary, Florida	32746					
ARTICLE VII	INCORPORA?	TOR				
	Idress of the Incorpo					
Allison King						
3262 Safe Harbour						
Lake Mary, Florida	32/46					
******	******	******	ale	*****	****	k **
Having heen nan	ned as repistered as	ent to accent servi	ce of process for the above stated of	corporat	ion at	the

Signature/Incorporator

Signature/Incorporator

Date

Date

agree to act in this capacity

place designated in this certificate, I am familiar with and accept the appointment as registered agent and