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. (Re	equestor's Name)	······································
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
,		
	Office Use Or	alız



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12/27/10--01041--010 **78.75



T. Burch UEC 28,2010

COVER LETTER

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

SUBJECT: MACTEL PLATE INC. (PROPOSED CORPORATE	
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Lucas Ale Name	(Printed or typed)
30730 Sphnet G	SCEN DR
wessey chapel	F1 - 33543 State & Zip
813) 494 56 Daytime To	22 elephone 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)

187 & N PR 189 Fc - 33543 is organized is: N.L. & W.W.		20 2
is organized is: ALL CANN	es izaliheles	A9 (2)
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RS AND/OR DIRECTORS		₩ 42 ATE IRIDA
	Name and Title:	N
	Address:	
19161 EC- 33873	·	
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]	Name and Title:	
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	e registered agent is:	
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	ANRT GLEN DR ANRI FL- 33843  POLO VICE PROGNONT  NET GLEN DR  NET GLEN DR  POLO FL- 33843  GENT  PO.O. Box NOT acceptable) of the	Name and Title:  A RELIGION DE Address:  A RELIGION Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:  O.O. Box NOT acceptable) of the registered agent is:  ALC  TOWNET GLEN DE  SIGN FL- 333213