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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

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

SUBJECT: Pedersen Investments (PROPOSED CORPOR	S, Inc. ate name – <u>must include suffix</u>)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: Paul Pedersen	ne (Printed or typed)					
	44.7					
4411 Willow Shade Ct	Address					
Orlando, Florida, 3283	. CA.A. 0 7'					
407 297-4397 Daytime	Telephone number					
StacylPedersen@aol.co	om ed 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 The name of the	NAME Pedersen Investme	ents, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
MITOLD II	Principal street address 4411 willow shade ct Orlando, Fl 32835		address, if different is:
ARTICLE III	- · · · · · · · · · · · · · · · · · · ·		
	which the corporation is organized is: I business investments.		
ARTICLE IV The number of sh	SHARES nares of stock is: 10		
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and Address:	Title: Paul Pedersen / President & Secretar 4411 willow shade ct		
riadi oss.	Orlando, Florida, 32835		
			· · · · · · · · · · · · · · · · · · ·
Name and	Title:	Name and Title:	
Address:	THE.		
	m		
Name and Address:	Title:	Name and Title:	
Address:	***		
			¥ N
	REGISTERED AGENT		Fig. 3
•	lorida street address (P.O. Box NOT acceptable) o		
Name:	Paul Pedersen		
Address:	4411 willow shade ct		\$ 5 F
	Orlando, Florida, 32835	_	Training and the second
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Paul Pedersen	_	To p
Address:	4411 Willow Shade Ct	_	9
	Orlando, Florida, 32835		
	med as registered agent to accept service of proces am familiar with and accept the appointment as reg		
Vail	Vede		1-2-11 Date
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
	1 7 - 1		1-1-11
- y-au	Required Signature/Incorporator		Date