(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:				
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Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations	
P. O. Box 6327	
Tallahassee, FL 32314	Took
Tallahassee, FL 32314 The Dixia Do	og, and
Feet .	
SUBJECT:	TATE NAME - MUST INCLUDE SUFFIX)
(FROFUSED WAFOR	ATE NAME - MOST INCLODE SUPPIA
Enclosed are an original and one (1) copy of the ar	rticles of incorporation and a check for:
\$70.00 \$78.75	\$78.75
Filing Fee Filing Fee	Filing Fee, Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of Status
	ADDITIONAL COPY REQUIRED
	•
FROM DAVID Medici	ne (Printed or typed)
Nan	ne (Printed or typed)
2017 (-02 DO	no a Street
SOIL GRAMA	Address
C	DALE N. 33304 F. B.
Lond Loudeau	DALC 16. 33307 = 3
Cit	y, State & Zip
954- 6	16-11/1
Daytime	Telephone number
70000	\sim
E-mail address: (to be us	Conut Cove quest house. Comes de for future annual report outification)

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 NA	ME .	المعلو	
The name of the corpora	tion shall be:	;	4.
The Dixie D ARTICLE II PRI	NOTE IN THE PARTY OF FICE		
ARTICLE II IN	Principal street address		ess, if different is:
77	14 Dorth Dixie Higher		mand Street
المار	Hon Mansas II.		rask fr. 37304
	330.	<u> </u>	
ARTICLE III PUR			
The purpose for which	the corporation is organized is:		
Pet Gnoor	ning,		
Petwash	- Mi		
	A Supplie		
ARTICLE IV SHA The number of shares of			
Name and Titles	DANOMED W. President	Nome and Title: D Port	Medici Divrecto
Address: 2	DATOTRE LA TRAINS	Address: 3012	GRANAPA ETIP
	FORT LAVORDER PIL-	1 +102	AUDERDAYE TE.
_	· 330	<u> </u>	33304
Name and Title:		Name and Title:	·
Address:			
_		_	
Name and Title:_			
Address:		Address:	
_		<u> </u>	
_			20
	GISTERED AGENT	Call 1 and 1	E8 =
The <u>name and Florida</u> Name:	<u>street address</u> (P.O. Box NOT acceptable) c りかい からんこ	if the registered agent is:	美国 另
Address:	30 W GRANDAS STOR	<u>-</u> • :4	525
	fort LouderDAle A	- 3330Y	ရှင်း ပ ကြယ် များ သို့ရှိ
ADMICT IN THE TAKE	CORPORATOR		
The name and address			
Name:	DAID Medici		हिन्स छ
Address:		<u>e</u> ⁄	4 4.
	front LAUDERONIC !	~ 3330Y	
	registered agent to accept service of proce ciliar with and accept the appointment as re		
inis ceriijicale, r am jan	anar wan ana accept the appointment as re	gistereu ugent unu ugree to uct n	і ініз сирисиу
			4-12-11
	Required Signature/Registered Agent		Date
I submit this dosument	and affirm that the facts stated herein ar	a trua I am ayana that the fal	ea information submitted in a
	ana agjirm inal ine jacis sialea nerein ar ment of State constitutes a third degree feloi		
	~	,	VA _1 > + =

Required Signature/Incorporator