PIDDHOS

(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:			

Office Use Only



400207155184

05/06/11--01043--021 **78.75



PS 5/9/4

COVER LETTER

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

INC
TE NAME – MUST INCLUDE SUFFIX) les of incorporation and a check for:
\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
(Printed or typed)
ddress
State & Zip
lephone number
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 II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	5950 WILSIE DR. STUART, FL 34997		
ARTICLE III	PURPOSE		
he purpose for v FINANCE	which the corporation is organized is:		
ARTICLE IV	SHARES ares of stock is: 1000		
		~	
	INITIAL OFFICERS AND/OR DIRECTOR Title: ANTHONY GENTILE, PRESIDENT		:
Address:	5950 WILSIE DR, STUART, FL 34997		
		-	
		-	
Name and 7	Title: ANTHONY GENTILE, SECRETARY		; <u></u>
Address:	SAME	Address:	
	 	-	
		-	
Name and T	Citie: ANTHONY GENTILE, DIRECTOR	Name and Title	
Address:	SAME	Address:	The state of the s
		•	
		-	
	REGISTERED AGENT		· · · · · · · · · · · · · · · · · · ·
	orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	ANTHONY GENTILE		
Address:	5950 WILSIE DR, STUART, FL 3499	97	
RTICLE VII	INCORPORATOR		<i>⇒</i> 5
he <u>name and ad</u>	dress of the Incorporator is:		
Name:	ANTHONY GENTILE		
Address:	5950 WILSIE DR, STUART, FL 3499	7	
laving been nam	ned as registered agent to accept service of process	for the above sta	sted corporation at the place designates
is certificate, I a	m familiar with and acrept the appointment as regi	stered agent and a	agree to act in this capacity
I/III_{-}	(\		6/3/1
	X V. V.		J/5///
	Required Signature/Registered Agent		Date
	(. •	
submit this doci	ument and affirm that the facts stated herein are	rue. I am aware	that the false information submitted i
veument to the D	epartment of State constitutes a third degree felony	as provided for it	n s.01/.133, r.S.
/ 1///	- > H= H		(1/2///
	Required Signature/Ausorporator		Note /