## 71100009050

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(Only/Octobility)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

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## COVER LETTER

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

SUBJECT: DESTINCTIVE DEST (PROPOSED CORPORA)	ens by lea fename-musting	E TUC. LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status  OPY REQUIRED	
1 12	(Printed or typed)  ddress  27 State & Zip  lephone number	SECRETARY OF STATE	

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)

The name of the corpo	AME ration shall be: Distinctive D	edigns by L	ee ituc.
ARTICLE II PI	Principal office  Principal street address  (N.1.), 41  A.G., FL. 33 27	Mailing	gaddress, if different is:
	RPOSE  In the corporation is organized is:  Cape DesignS		
The number of shares of	IARES of stock is:  ITIAL OFFICERS AND/OR DIRECTORS	5	
Name and Title: Address:	lee traczyk: President 181 N. W. 418t Hicki, Fla. 33127		
Name and Title: Address:	Gary + raczyk 181 N.L. 41924 Miani, Fla. 33127 Jec	Address:	
Name and Title:_Address:		Name and Title:Address:	78. Z <b>8</b>
The <u>name and Florida</u> Name: Address:	GISTERED AGENT  street address (P.O. Box NOT acceptable) of the street address	he registered agent is:	FILE I
The name and address Name: Address:	of the Incorporator is:  Lee + (2,2 24)  181 NW 41 54  Micro, 1-LA. 33127		PRIDE 2
Having been named as this certificate, I am fan	registered agent to accept service of process niliar with and accept the appointment as regis	for the above stated corp tered agent and agree to	poration at the place designated in act in this capacity
I submit this document	Required Signature/Registered Agent and affirm that the facts stated herein are to ment of State constitutes a third degree felony	rue. I am aware that the as provided for in s.817.1	Date  false information submitted in a
J.	Required Signature/Incorporator	<del></del>	7/3/11 Date