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COVER LETTER

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

SUBJECT: OPE GIPL INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00
FROM: DEBORAH DESILETS Name (Printed or typed) 1325 E MAHAN DRIVE STE16 Address TAUAHASS FLE PURIDA 32308 City, State & Zip
Daytime Telephone number ANGEN DOTE ON COM E-mail address: (to be used for future annual report notification) NOTE: Please provide the original and one copy of the articles. 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 NAME	1.010	rilen
The name of the corporation shall be:	and Tipe.	
ARTICLE II PRINCIPAL OFFICE		11 00T 24 PM 12: 05
Principal street address 225 EVM/Num	Mailing a	address, if differentist ARY OF STATE TALLAHASSEE, FLORIDA
Catt (D		ALLAHASSEE, FL BAID
Tax anassee Ru	32308	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:	to DO MY AN	n Au
The purpose for which the corporation is organized is:	I MARTINE BALLINIE	EL.
	VAN PUL BUSINE	
•		
	varise \$1.00 pa	
ARTICLE IV SHARES The number of shares of stock is: 500 SV	1415 @ "1.00 PC	w share
Name and Title: De OVM DESIGN	Name and Title:	
Address: 13215 Way	Address:	
Ste 6	con 113 2308 =	
'		
Name and Title:Address:	Name and Title:	
, Address:		
Name and Title:	Name and Title:	
Address:	Address:	
ADTICLE W. DECICTEDED ACENT		,
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	
Name: DEBORAH DESI		
Address: 132 F. MA	han or stell	
ADMICE DIES ENGODROP COR		·
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·	
Name: DESONAT DESI	UES CALL	
Address: 1325 MAN	m or SC 6	
- WHING WESSE, F	= 	
Having been hamed as registered agent to accept servi this certificate, I am familiar with and accept the appoin	ice of process for the above stated corp nument as revistered agent and agree to	oration at the place designated in act in this canacity
An In In 11 11 A In	and the second s	050/2011
		(10/29 10)
() () () () () () () () () ()	d Agent	Date
I submit this focument and affirm that the facts state	d herein are true. I am aware that the	false information submitted in a
document to the Department of State constitutes a third	degree felony as provided for in s.817.1	55, F.S.
		(11/24. W)
Required Signature Ancorp	porator	Date