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COVER LETTER

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

SUBJECT: Teddy Os						
(PROPÓSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
THEDOOFF	A. THOMPSON					
FROM: / HEOESCIE	(Printed or typed)					
	Address					
	Address					
1911ahassee Florida 32305 City, State & Zip						
305 7901	928					
Daytime Telephone number						
Teddy 050 a	d for future annual report notification)					
E-mail address: (to be used for future annual report notification)						

NOTE: Please provide the original and one copy of the articles.

Twill not Reinstate
Teddy Oso Inc. Document #
P10000037357. I Release
the Name for Use

Theodore THOMPSON

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

4 Data to 1		2 or Chapter 021, 1:5. (
The name of the o	NAME Teday 050 porporation shall be:	Inc		
ARTICLE II	PRINCIPAL OFFICE		40.4	** Marine 1
IMCTICEES II	Principal street address	Maili	ng address, if different is:	AM 11: 13
	3111 GaTTIMORE DR.		SECOND NO.	
	19/19, FL9. 32305		ALLAHASSE	OF STATE
				Z. r. r. canaba W
The numose for	PURPOSE which the corporation is organized is:			
		200/20/		
10/1/	1 Juse 1 Corps 11	1001000		
171	Housing, Clothing	Magazia	e	
y,	conoffenal Til		7	
ARTICLE IV	SHARES	Property	Madasons	14 x
The number of sh	Housing, Clothing, Mothers SHARES ares of stock is:	, ,		
Name and	INITIAL OFFICERS AND/OR DIRECTOR Title: 7180 JORE 740 m ROM CE 3 11 691/1 m DRE DR	OName and Title:	<u> </u>	
Address:	191/9/1955ee, FL9.3	Address: > 305		
	17774743366, 1-75			
Name and *	Γitle:	Name and Title:		
Address:		Address:		
		-	<u> </u>	
Name and	Title:			
Address:		Address:		- ·- ·-
ARTICLE VI	REGISTERED AGENT			
The name and Fl	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name: Address:	311/6a//imore Dr			
	191/9, 7-69.32.			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and ac				
Name:	acress of the Incorporator is: 1/2 / / / / / / / / / / / / / / / / / /	SUN		
Address:	19/19 F 6 4 323	05		
17 L				
this certificate./I	ned as registered agent to accept service of proces im familiar with and accept the appointment as reg	ss for the above stated of vistered agent and agree	corporation at the place a c to act in this canacity	esignated in
-1/1	J	,		1
		·	1/20)	
	Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein are			bmitted in a
document to the	Department of State constitutos a third degree felor	y as provided for in s.8	17.155, F.S.	/ .
1/1/	- A. The		1/23	0/12
	Required Menature/Incorporator		— Date	<u>-</u>