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| (Red                                    | questor's Name)   |             |
|---|-------------------|-------------|
| (Add                                    | dress)            |             |
| (Add                                    | dress)            |             |
| (City                                   | //State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL.       |
| (Bus                                    | siness Entity Nar | ne)         |
| (Doc                                    | cument Number)    |             |
| Certified Copies                        | Certificates      | s of Status |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
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SECRETARY OF STATE
DIVISION OF CORPOPATIONS

Ps 1/24/12

## **COVER LETTER**



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

| SUBJECT: (C) IN A PICHUY                               | 18K1, P.A.  |  |
|--|---|--|
| (PROPOSED CORPORAT                                     | TE NAMÉ – <u>MÚST INCLÚDE SÚFFIX</u> )  |  |
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and a check for:  |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status     | \$78.75 Filing Fee  & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED |  |
|  | ADDITIONAL COFT REQUIRED  |  |
|  |   |  |
| FROM: Olivia Pychynski Name (Printed or typed)         |   |  |
| 7050 W Palmetto park Rd 15-104                         |   |  |
| Address  |   |  |
| BOOG ROTON FI 33433 City, State & Zip                  |   |  |
| 501.302.000<br>Daytime To                              | elephone number   |  |
| Olivia pychynszi e va                                  | hob com   |  |

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  The name of the corporation shall be:   | SECRETARY OF STATE ON UNSKILL P.A. DIVISION OF CORPORATIONS  |
|---|--|
|   |  |
| Principal street address  | 12 JAN 23 PM 1: 21  Mailing address, if different is:  7050 W POMMETTO POYCE RO 15-104                                   |
| 10309 ATPOYO DY<br>EXXX ROTON; F1, 33428  | 7050 w palmetto par Ra 15-104<br>600 Ration, F1 33433  |
| ARTICLE III PURPOSE   |  |
| The purpose for which the corporation is organized is:  |  |
| Soil of 1801 esture and   | any other lawful business in florida   |
|   |  |
| ARTICLE IV SHARES   |  |
| The number of shares of stock is: 1000  | TRESMORG   |
| Name and Title: Olivic A My 15  | Name and Title:  |
| Address: 1000 AUCOVO DV   | Address:   |
|   |  |
| Name and Title:Address:   | Name and Title: Address:   |
|   |  |
| Name and Title:   | Name and Title:  |
| Address:  | Address:   |
|   |  |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT ac                                 | cceptable) of the registered agent is:   |
| Name: Olivic Dichinor   |  |
| Address: 1030 Altoy Fl. 332   | ios —  |
| ARTICLE VII INCORPORATOR  |  |
| The name and address of the Incorporator is:  Name:   |  |
| Address: 10309 Afficavity of 10309 Rollon, F1, 33   | <del>\$428</del>   |
| Having been named as registered agent to accept service   | te of process for the above stated corporation at the place designated in  |
| this certificate, I am familiar with and accept the appoint   | ment as registerea agent and agree to act in this capacity   |
| Ollun Harry   | 111418018  |
| Required Signature/Registered   |  |
| I submit this document and affirm that the facts stated document to the Department of State constitutes a third d | l herein are true. I am aware that the false information submitted in a legree felony as provided for in s.817.155, F.S. |
| Oliver Roman  | 111912012  |
| Required Signature/Incorpo  | Date Date  |