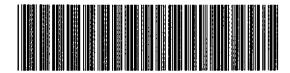
## P12000010066

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

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SECRETARY OF STATE

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## **COVER LETTER**

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

Δ

SUBJECT: 415	Executiv	E TOC. TENAME- <u>MUST INCL</u>					
(PROPO	OSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an original and one (1	) copy of the artic	eles of incorporation and	a check for:				
\$70.00 \$78.75 Filing Fee & Certificat	e of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status				
ADDITIONAL COPY REQUIRED							
		(Printed or typed)					
50238th St							
Address							
West F	alm Beac	State & Zip 331	107				
772-8	205-124 <sup>-</sup> Daytime Te	7 elephone number					
Durden K	2055ell@	amail. Com	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 I N The name of the corpo	AME oration shall be:	415 Exe	cutive I	inc.		
	Principal office Principal street a 502 38 44 8 West Palm Oc	ddress	o7 =	Mailing address	, if different is:	
The purpose for which	h the compretion is	organized is: ew real e and sell	state bus real esta	iness; te propert	y	
ARTICLE IV S. The number of shares		0				
Name and Title Address: 50% owner	502 384h. West Palm P	rden 1 owner St beach Fe 3:	Name and Address:	Title:		
Address: 50% owner	SOD 13844 West Palm	St Beach, FL 3	Address:	Title:		
Address:	EGISTERED AG		Address:			
The <u>name and Florid</u> Name: Address:	a street address (P.)  PUSSELL 1  502 384  ULST POLC			d agent is:	12 JAN 27	SECRETAR SECRETAR
ARTICLE VII IN The name and addres Name: Address:	SE of the Incorporator  QUSSEN  502 38  WEST PA	Durden Hist In Beach, F			PM 32 52	SHOLL WE ALLOW
Having been named of this certificate, I am fo	amiliar with and acc	to accept service of ept the appointment ture/Registered Age	t as registered agent	ve stated corporation and agree to act in th	at the place des	signated in
I submit this docume document to the Depa	rtment of State cons	the facts stated here titutes a third degre	e felony as provided	ware that the false i for in s.817.155, F.S	Information subs	nitted in a