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(Requestor's Name) (Address) (Address)	000219534350	
(City/State/Zip/Phone #)	02/03/1201025006 **78.75	
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COVER LETTER

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

Press ky INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT: ____ Dunyac

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee Filing Fee Filing Fee Filing Fee Certificate of Status	\$87.50 Filing Fce, Certified Copy & Certificate of Status REQUIRED
FROM: Dwnyne Pressley Name (Printed or typed)	
2855 SUN Valley Ct- Address	
Tallahassee A \$2303 City, State & Zip	12 IZ
(850) 321-4676 Daytime Telephone number	
<u>dwayne press key & hotma, 1, Com</u> E-mail/address: (to be used for future annual report notif	

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

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ARTICLES OF INCORPORATION

1.

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4.

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

The name of the corporation shall be ARTICLE II PRINCIPAL (1 - 200	
	treet address	Mailing a	address, if different is:
Tallahassee , t	1 32302		······································
ARTICLE III PURPOSE The purpose for which the corpora	tion is organized is:		
		ly product sales, personal	aduce, saks
	· .		
ARTICLE IV SHARES The number of shares of stock is:	l i i i i i i i i i i i i i i i i i i i		
	ICERS AND/OR DIRE		
Name and Title: <u>Dwaya</u> Address: <u>2855</u> Tallaha	SUN Wey OT		
Name and Title: Address:		Name and Title: Address:	
Name and Title: Address:		Name and Title: Address:	
ARTICLE VI REGISTERE The name and Florida street addr	ress (P.O. Box NOT accept	able) of the registered agent is:	12 FEB
Name: Duayo Address: 2855 Tellah	SUN Uplley Et		
ARTICLE VII INCORPORA The name and address of the Incor			84 - 0
	, Pressley Sur Valley abassee 17 3230	<i>p</i>	36 第1日 第1日 第1日 第1日
Having been named as registered this certificate, I am familiar with a	agent to accept service of and accept the appointmen	process for the above stated corp t as registered agent and agree to	poration at the place designated in act in this capacity
Augue the	2h		2-3-12
Require	ed Signature/Registered Ag	ent	Date

I submit this document and affirm that the facts stated 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.817.155, F.S.

ALC	M	2-3-12
	Required Signature/Incorporator	Date