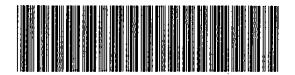
P1200061135

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
٥					

Office Use Only



400237195744

07/11/12--01010--015 **78.75

FILING CANCELLED RETURNED CHECK

12 JUL 1 I AM 10: 41
SECRETARY OF STATE

F STATE FLORI**BA**

COVER LETTER

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

SUBJECT: Cutlass and Company, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Ben Zarvis	(Printed or typed)			
10661 Airport Pulling Ro	ad N, Suite 16C			
Naples, FL 34109 City,	State & Zip			
239-596-6554 Daytime To	elephone number			
ben@cutlassandcompan	IV.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)

	RTICLE I NAME e name of the corporation shall be: Cutlass and Company, Inc.		ny, Inc.	FILING CANCELLED		
ARTICLE II	PRINCIPAL OF	reice		RETURNED CHECK		
AKTICLE II	Principal stre			Mailing address, if different is:		
		ulling Road N		Walling address, if different is.		
Ġ	Ruite 16C					
Ŋ	laples, FL 3410	9				
ARTICLE III						
	hich the corporation	on is organized is:				
any lawful bu		G				
•				4.0 5		
				TALLAHASSEE, FLORIESTATE		
				## - F		
ARTICLE IV	SHARES			Sept 1		
	res of stock is: 20	00		用。 是 〇		
				no 6		
ARTICLE V	INITIAL OFFIC	ERS AND/OR DIRECTO	RS	6 4 -		
Name and T	itle: Ben Zarvis	ort Pulling Road N	Name and T	Fitle:		
Address:	10661 Airpo	ort Pulling Road N	Address:			
	Suite 16C	34109				
	Naples, FL	34109				
Name and T	itle:		Name and T	Γitle:		
Address:			Address:			
Name and T			Name and T	P:41		
Address:	itte:		Name and I	Title:		
Address.			Addiess.			
						
ARTICLE VI	REGISTERED.	AGENT				
		(P.O. Box NOT acceptable)	of the registered	agent is:		
Name:	Ben Zarvis	(
Address:	10661 Airp	ort Pulling Road N, Ste.	16C			
	Naples, E	L 34109				
ADTICLE UIL	TATCODDODATE	ΛĐ				
	INCORPORATO iress of the Incorpo					
Name:	Ben Zarvis					
Address:		ort Pulling Road N, Ste. 1	16C			
	Naples, Fl	34109	_			
				e stated corporation at the place designated in		
this certificate, I ai	m familiar with and	i accept the appointment as re	egisterea agent a	and agree to act in this capacity		
				160/12		
	Λ	ignature/Registered Agent		6(18/12		
	Required S	Signature/Registered Agent		Date '		
I submit this does	ment and affirm to	hat the facts stated herein as	re true. I am au	vare that the false information submitted in a		
		constitutes a third degree felo				
70		,	, p	1 /		
Der				6/18/12		
	Required	Signature/Incorporator		Date		