## P12000663207

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

Office Use Only



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SECRETARY OF STATE
ALLAHASSEF FLORIE

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## **COVER LETTER**

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

SUBJECT: No Slip Pro's, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	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: Robert B. Fennell	(Printed or typed)
2968 Bayhead Run	Address
Oviedo, FL 32765	State & Zip
407-709-5497  Daytime To	elephone number
RobertFennell@bellsouth E-mail address: (to be used	n.net I for future annual report 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 The name of the co	No Slip Pro's, Inc.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	address, if different is:
	2968 Bayhead Run		
	Oviedo, FL 32765		
-			
ARTICLE III	PURPOSE		<b>.</b>
	hich the corporation is organized is:		ASE 7
Any and all la	awful business		JUL 18 MI 10: 22 ECRETARY OF STATE
ARTICLE IV The number of share	SHARES res of stock is:1000		0: 2:
APTICIR V	INITIAL OFFICERS AND/OR DIRE	CTOPS	
Name and Ti	itle:Robert B. Fennell	Name and Title:	•
Address:	2968 Bayhead Run	Address:	
110010001	Oviedo, FL 32765	1807000	
Name and Ti	itle:	Name and Title:	
Address:			
riddi OSS.			·- · · · · · · · · · · · · · · · · · ·
Nome and Ti	·	Nome and Title.	•
Address:	tle:		
		<del></del>	
ADTICI E III	REGISTERED AGENT		
	rida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Robert B. Fennell		
Address:	2968 Bayhead Run		
	Oviedo, FL 32765		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Lisa Fennell		
Address:	2968 Bayhead Run	<del></del>	
	Oviedo, FL 32765		
Having been name this certificate, I an	ed as registered agent to accept service of n familiar with and accept the appointment	process for the above stated corp as registered agent and agree to e	oration at the place designated in act in this capacity
	117615 711		7/16/12
	Required Signature/Registered Age	nt	Date
I submit this docu document to the Do	ment and affirm that the facts stated here epartment of State constitutes a third degre	ein are true. I am aware that the e felony as provided for in s.817.1.	false information submitted in a 55, F.S.
	The world of the same	$\mathcal{X}\mathcal{X}$	7/16/10
···-·	Required Signature/Incorporator	<u></u>	7/16/12 Date
	reduced pignicular month of the		Dull