## P1200064370

| (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: |  |  |  |  |
|   |  |  |  |  |
| ·                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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07/23/12--01003--007 \*\*87.50

SECRETARY OF CORPORATIONS
ON 1: 23 PM 1: 26

PS 7/24/12

## COVER LETTER

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

| SUBJECT: 1.156 Corporate No.  | ation   |  |  |  |
|---|---|--|--|--|
| (PROPOSED CORPORATE N   | AME - MUST INCLUDE SUFFIX)  |  |  |  |
| Enclosed are an original and one (1) copy of the articles of                                | of incorporation and a check for:   |  |  |  |
| Filing Fee Filing Fee & Certificate of Status &   | \$87.50 Filing Fee Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED |  |  |  |
| FROM: Roger L Daleiden Name (Printed or typed)  |   |  |  |  |
| 3844 Sailmaker Lane   |   |  |  |  |
| Address   |   |  |  |  |
| Huliday F1 34691 City, State & Zip  |   |  |  |  |
| 727 -692. 3897 Fqx727-840-4916  Daytime Telephone number                                    |   |  |  |  |
| DALEIDEN 34 @ AOL. Com.  E-mail address: (to be used for future annual report notification) |   |  |  |  |
| NOTE: Please provide the origina  | al and one copy of the articles.  |  |  |  |

| ,                              | In compliance with Chapter 607 and   |                                  | SECRETARY OF STATE       |
|--------------------------------|--|----------------------------------|--------------------------|
| ADMICI IT I                    | NA BETT  | •                                | DIVISION OF CORPORATIONS |
| The name of the o              | NAME corporation shall be: 115% Curpon   | ation                            | 12 JUL 23 PM 1: 26       |
| ARTICLE II                     | PRINCIPAL OFFICE   |                                  |                          |
|                                | Principal street address   | Mailing a                        | ddress, if different is: |
|                                | Jago \$1 33220   | Woli                             | Lay 7/34691              |
| ARTICLE III                    | PURPOSE  |                                  |                          |
|                                | which the corporation is organized is:   |                                  |                          |
| Potest                         | anets  |                                  |                          |
| ARTICLE IV                     | SHARES   |                                  |                          |
| The number of sh               | ares of stock is: /OO  |                                  |                          |
| ARTICLE V Name and Address:    | INITIAL OFFICERS AND/OR DIRECTOR  Fille: Korger L. Valender From  3844 Seulmakafu  Holiday F1 34691        | Name and Title: Made Address: 29 | vacan A Delichar VI      |
| Name and Address:              | Fitle: Roge & Daleiden Trea  |                                  | amen 4 Daluder Ser       |
|                                |  |                                  |                          |
| Name and 1<br>Address:         | Fitle:   | Name and Title: Address:         |                          |
|                                |  |                                  |                          |
|                                |  |                                  |                          |
| ARTICLE VI                     | REGISTERED AGENT   |                                  |                          |
| The name and FI Name: Address: | orida street address (P.O. Box NOT acceptable) of  Luge Lucleudan  3 544 Lailunaker S  Luckay 71 34651     | f the registered agent is:       |                          |
| ARTICLE VII                    | INCORPORATOR   |                                  |                          |
|                                | dress of the Incorporator is:  |                                  |                          |
| Name:<br>Address:              | 7844 Sailmaker J<br>Haliday F1 34691   | ane_                             |                          |
|                                | -  | -                                |                          |
|                                | ned as registered agent to accept service of process<br>im familiar with and accept the appointment as reg |                                  |                          |
| - Lon                          | L Dala   | <del></del>                      | 7/17/2012                |
| $\nu^{-\delta}$                | Required Signature/Registered Agent  |                                  | Dåte                     |
|                                | ument and affirm that the facts stated herein are  |                                  |                          |
| document to the I              | Department of State constitutes a third degree felon   | y as provided for in s.817.15    | 55, F.S.                 |
| Kozi                           | & Dalie  |                                  | 7/17/20n                 |
| · 8                            | Required Signature/Incorporator  |                                  | Date                     |