P/2000064409

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

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07/23/12--01017--025 **78.75



N 07/24/12

COVER LETTER

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

SUBJECT: Devco International, In	IC.
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Crystal Roney	(Deline Jankarad)
Nam	e (Printed or typed)
8202 Wiles Road, #149	
	Address
Coral Springs, FL 3306	7
City	State & Zip
310-275-9988	Felephone number
Daytime	
<u>crystal@raibusinesstear</u> E-mail address: (to be use	n.comm d 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)

	NAME Devco International,	Inc.	
The name of the co			
ARTICLE II	PRINCIPAL OFFICE		10.1100
	Principal street address		ress, if different is:
	0210 NW 48th Court		#146
<u>.</u>	oral Springs, FL 33076	Coral Springs, FL	33067
_	-		
ARTICLE III			
	hich the corporation is organized is: ness as allowed by law.		
Ocheral busin	1635 as allowed by law.	•	
	·		
ARTICLE IV			
The number of shar	es of stock is:100		
APTICLE V	INITIAL OFFICERS AND/OR DIRECT	MRS	
	ile:A Mark Aston	Name and Title:	<u> </u>
Address:	12864 Biscayne Blvd, #179	Address:	
	North Miami, FL 33818		
Name and Ti	ala.	Name and Title	
Name and The Address:	tle:	Address:	
Address:		Addiess.	
			
	tle:		
Address:		Address:	
			· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT		glarra .
	rida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	A 7
Name:	Chris Roney		1 CB C CY
Address:	8202 Wiles Road, #146		
	Coral Springs, FL 33067		The Political Control
ARTICLE VII	<u>INCORPORATOR</u>		ု ညီည
	ress of the Incorporator is:		
Name:	Chris Roney		
Address:	8202 Wiles Road, #146		
rtaaress.	Coral Springs, FL 33067		
	• •		CENTRO CO
Having been name	d as registered agent to accept service of pro	ocess for the above stated corpora	tion at the place designated in
this certificate, I an	n familiar with and accept the appointment as	s registered agent and agree to act i	in this capacity
1 1 1	K —		17 1/-12
Made	Required Signature/Registered Agent		7-16-12
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the fal	se information submitted in a
	partment of State constitutes a third degree for		
1	The state of the s	y <u>p</u> yor on one of the obj	
Cy Sal	0		7-16-12
₩	Required Signature/Incorporator	 	Date