## P 1200075084

(Re	equestor's Name)			
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Certified Copies	_ Certificates	of Status		
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SION OF CORPORATIONS

Ps 9/4/12

## **COVER LETTER**

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

SUBJECT:	Cant Tell	Resale Inc			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate Status  ADDITIONAL COPY REQUIRE	of		
FROM: Bevan Wade  Name (Printed or typed)					
2280 Hwy 87					
Address					
Navarre, FL 32566 City, State & Zip					
850-499-5087  Daytime Telephone number					
,					
E-mail address: (to be used for future annual report notification)					
E-man address. (to be used for ruture 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)

The name of the corpo	AME  unstian shall be: Cant Tel	1 Resale?	Inc.	
ARTICLE II PI	RINCIPAL OFFICE	3.6.191 3.5	to stop	
a	Principal street address	Mailing address,	if different is:	
	avarre FD 32566	200	<i>CQ</i>	
ARTICLE III PU	IRPOSE			
The purpose for whic	h the corporation is organized is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	s Business		
ARTICLE IV SI	HARES			
The number of shares	of stock is: 100,000			
ARTICLE V IN	IITIAL OFFICERS AND/OR DIRECTORS	<b>.</b>		
Name and Title:	Bevan Wade-own	(Name and Title:		
Address:	3501 Topaz cicle	Address:	<del> </del>	
	Navarre, FL 32566	<del></del>	*	
Name and Title: Address:	·	Name and Title: Address:	•	
Addiess.		Address.		
			73 24	
Name and Title	·	Name and Title:	AUG STOPH	
Address:			0 0Hm	
		,	- 8 <sup>m</sup> m	
			OF STATE OF	
	EGISTERED AGENT			
	a street address (P.O. Box NOT acceptable) of the Bevarum was	he registered agent is:	# 15 m	
Name: Address:	3501 TODAZ CICO	0	ar de	
	Navarre FL 3256	9		
ARTICLE VII IN	CORPORATOR			
***	ss of the Incorporator is:			
Name:	Jonathan Wade	<b>L</b>		
Address:	3501 Topaz circle	<b>*</b> 0 _		
	Navarre, Fl 3256	ŽΦ		
	as registered agent to accept service of process j uniliar with and accept the appointment as regist			
ROLL	10/0/0		8-29-12	
	Required Signature/Registered Agent	<del> </del>	8-29-12 Date	
	<del>-</del> - <del>-</del>			
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.				
шениен и не рери	discin of Since consumes a intra negree fewny t	is provincia jor in 5.01/.133, F.S.		
/	1-1/10/2		8-29-12	
	Required Signature/Incorporator	<del></del>	Date	