P12000081918

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)	
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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ni c	corj		
Office Use Only			



300240011553

FILING CANCELLED RETURNED CHECK

09/26/12--01021--019 **78.75

12 SEP 26 PM W C

T. Burch SEP. 2.7.2012

COVER LETTER

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

SUBJECT: Chancery Ur	11 V-CV5, 1-4 To C			
(PROPOSEĎ CORPORA [*]	TE NAME – <u>MUST INQLUBE 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: Cornlithian Name	OyhaM (Printed or typed)			
Z875 S.O	range Ave			
Orlando FC 32806				
407-692-3039 Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED RETURNED CHECK

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II 1	PRINCIPAL OFFICE Principal street address	•	Mailing address, if different is:
\overline{z}	2875 5. Orange A	ve.	Maning address, it different is.
-C	rlando FC 32806		
RTICLE III P	URPOSE		
	ch the corporation is organized is:		12 Sec Ali
TO emp	power the commun	; 1 3	SEP CAND
thruih e	ducation.		ZE 2
(- ,		SE 6 년
	HARES		
ie number of snares	s of stock is: 100 Shares,		2 E S
RTICLE V I	NITIAL OFFICERS AND/OR DIRI	ECTORS	
Name and Title Address:	2875 S. Orange Au		Title:
radiess.	Orlando FL 3280		
		·	
Name and Title	<u> </u>	Name and	Title:
Address:			
			
			
Name and Title Address:		4 1 1	Title:
Address:			
	EGISTERED AGENT		
	la street address (P.O. Box NOT accep	table) of the registere	d agent is:
Name: Address:	FOI ROBINSON STRE	.et	
	Orlando Pl 3280		
RTICLE VII	NCORPORATOR		
ne <u>name and addre</u>	an afela Incomensaria		
Name: Address:	Micheel Young. FUI ROBINSON Street Orlando FL 3280	, L	
Address.	Orlando FL 3280	<u></u> -	
avina haan namad	as vagistanad againt to account samiles of	nuages for the abo	we stated corporation at the place designated in
	as registered agent to accept service of familiar with and accept the appointmen		
	/	5 5	
	A si tali mana mana mana mana mana mana mana man		9-24-12 Date
	Required Signature/Registered Ag	ent	Date
			aware that the false information submitted in
cument to the Dep	trimeny of State constitutes a third degree	ee felony as provided	for in s.817.155, F.S.
		-	9-21-12 Date
	Required Signature/Incorporato	ır	Date