712000086713

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

Office Use Only



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12 OCT 12 AM ID: 21
SECHEMAY OF STATE

1.8 Shivers OCT 15 2012

COVER LETTER

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

SUBJECT: NOtaro In	C
•	TE NAME - MUST INCLUDE SUFFIXO
Enclosed are an original and one (1) copy of the artic	cies of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Anna VI	
	31vd; Suite 104-260
Palm Beach	gardens, FL 33418
$\frac{56-21}{\text{Daytime T}}$	5-9722 elephone number
E-mail address: (to be used	2 @ Amail. COM I for futification)

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 NA The name of the corpor	1 10 1-410	Inc.		
ARTICLE II PR	INCIPAL OFFICE			
los Ra	Principal street address 31 PGA Blvd Suite m Beach Gardens, I	104-260 1. 33418	Mailing address, if different is:	
ARTICLE III PU	RPOSE			
		0 50 1	-Kal Lucinas	c
Intern	et based gluten	itize gitt b	asket busines	
ARTICLE IV SH	ares Estockis: 100 Shaves	at#1 per sha	ue.	
Name and Title: Address:	6831 PGA BIVA SUI	Name and Ti	itle:	
Name and Title: Address:		Name and T Address:	itle:	
Name and Title: Address:		Name and T	itle:	
	GISTERED AGENT	 _		
	street address (P.O. Box NOT ac	ceptable) of the registered a	agent is:	
Name: Address;	Jama Notard 1623 PGA Blud, Surl Palm Beach Gard		TAC	72
	CORPORATOR		AR AR)CT
The name and address Name: Address:	Anna Notavo 10231 PGA Blvd Su Palm Beach Gard	HE 104-260 ens 71-33418	NAY OF	
Having been named a this certificate, I am fa	registered agent to accept service	re of process for the above ment as registered agent at	e stated corporation at the place do nd agree to act in this capacity	esignated in
(IN	na Notari	<i>o</i>	10-10-	12
	Required Signature/Registered	Agent	Date	
	t and affirm that the facts stated ment of State constitutes a third d		oare that the false information sui or in s.817.155, F.S.	bmitted in a
aris	la notari	7	10-10	-12
	Required Signature/Incorpo	rator	Date	;