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PICK-UP	WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
On a sight has been stigned to	Filler Officer			
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: AKLE VENTURES IN	NC .
(PROPOSED CORPORAT	TE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: CLEUSA LOPEZ	(Printed or typed)
2407 ST JOHN LANE	
MELBOURNE, FL 32	2935 State & Zip
321-220-7368 Daytime To	elephone number
CLEOMELBORNE@ E-mail address: (to be used	AOL.COM I 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)

ARTICLE I The name of the con	NAME poration shall be: AKLE	VENTUR	ES INC
		V LIVI OIV	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing addr	ess, if different is:
24	407 ST JOHNS LANE	Trialing aver	
	ELBOURNE FL 32935		
_			
	NA PAGE		
	PURPOSE iich the corporation is organized is:		
The purpose for wh	nen the corporation is organized is:		. .
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ARTICLE IV	SHARES es of stock is:1000		
The number of share	as of stock is: I UUU		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	The second second
	ile:		
Address:		Address:	
			
Name and Tit	tle:	Name and Title:	
Address:		Address:	
Normal and Tit	N.	Name and Title:	
Address:	tle:	Address:	
Audi Coo.			
	REGISTERED AGENT	11. \ 6. \ 6. \ 6. \ 6. \ 6. \ 6. \ 6. \	
Name:	rida street address (P.O. Box NOT accepta CLEUSA LOPEZ	able) of the registered agent is:	
Address:	2407 ST JOHNS LANE MELBOURNE FL	22025	
Addicas.	2407 ST JOHNS LANE MELBOURNE PL	32435	
			
	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name: Address:	CLEUSA LOPEZ		
Address:	2407 ST JOHNS LANE MELBOURNE FL:	32935	
	ed as registered agent to accept service of		
this certificate, I an	n familiar with and accept the appointment	t as registered agent and agree to act	in this capacity
	01 . 0 . 10.		
	Peuse home		10/25/2012
	Required Signature/Registered Age	nt	Date
I autorit dele de	ment and affirm that the facts stated here	sin and thus I am account that the fo	lea information submitted in a
	ment and agjirm that the jacts stated here partment of State constitutes a third degre		
weement to the De	·		
	Gella hobe		10/25/2012
	Cleuse hope Required Signature/Indorporator		10/25/2012 Date
	• • • • • • • • • • • • • • • • • • • •		