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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

(MD 11/20)

COVER LETTER

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

SUBJECT: /	LLURE	OFS	W FL.	
	(PROPOSED C	CORPORATI	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy	y of the artic	es of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of St	tatus	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		L	ADDITIONAL CO	JI I REQUIRED
rno) (ROBERT	- m:	LER	
FROM:	NODEN!		Printed or typed)	

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

RM 35/2 B P Q L C M
E-mail address: (to be used for future annual report notification)

2006 NW EMBERS TER

CAPE CORAL 1=L, 33993
City, State & Zip

239-770 0755

Daytime Telephone number

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

ARTICLE I	NAME OF OF	SUI EL. INC	
The name of the	Corporation shall be: ALLURE OF	Joe 1 - 5.	
ARTICLE II	PRINCIPAL OFFICE	Mailing address, if different is:	
	Principal street address 200 LNW EMBERS TER	waining address, it different is.	
	CAPE CURRY FL. 33993	2 N	_
		>	_
ARTICLE III	PURPOSE	CALL DEDILIME 9	•
The purpose for	which the corporation is organized is: TO R	FIFTE PERFUSING	i
			•
			t
		AM II: 23 OF STATE E. FLORIS	
4 DATOT D TT	OTATE		
The number of sk	pares of stock is: 100		
The fightiest of si	intes of suck is.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>8</u>	
	Title: ROBERT MILLER PR	Name and Title:	
Address:	LOOK NW EMBERS TE CAPE CORAL FL. 3349		_
	CHIPP CURAL PERSONS		
Name and		Name and Title:	_
Address:		Address:	_
Name and	Title:	Name and Title:	_
Address:		Address:	
			_
		<u> </u>	_
ARTICLE VI	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	ROBERL WALLER	A	
Address:	2006 NW KMBKA	SVEK	
	CAPIZ CORAL (-1.3	3995	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	ROBERT MILLER	15 10	
Address:	ROBERT MILLER 2006 NW EMBERS CAPE CORAL PL. 3	1EK	
	CAPE CORAL FL. 3	5795	
Havina heen na	med as registered agent to account service of araces	s for the above stated corporation at the place designates	in in
this certificate. I	am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity	
-	·	2	_
Redes	t miller	11-13-201	2_
	Required Signature/Registered Agent	Date	
		المناف	
I submit this do	cument and affirm that the facts stated herein are	true. I am aware that the false information submitted to	n a
document to the	Department of State constitutes a third degree felou	ny as provided for in s.817.155, F.S.	
RI	est miller	11.12-2011	2_
100	Required Signature/Incorporator	11-13-2-01.	
	Required Signature/incorporator	Date	