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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	1

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SECRETARY OF STATE

MD3/A

## **COVER LETTER**

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

Tallanassee, FL 32314					
SUBJECT: Per	RSONEHE ENTEROPOSED CORPORARE NAM	APRISES INC MUST INCLUDE SUFFIX)			
Enclosed are an original an	d one (1) copy of the articles of	incorporation and check for:			
\$70.00 Filling Fee	\$78.75 Filling Fees & Certificate of Status	\$78.75 Filling Fee & Certified Copy & Certificate of Status			
		ADDITIONAL COPY REQUIRED			
FROM: _	Nettie Davis, In 846 SWMenn BN	41 4	,		
	Lake City, FL 320	125 846 SW MAIN Blue	1		
Lake City, FL 32025  Address  City, State & Zin  City, State & Zin					
City, State & Zip 7					
	386 752 451	lephone number			
	<u>diehard Chi</u> Email Adress: (to be used for f	ef S& @ VAhoo, Com future annual report notification)			

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

Division of Corporations Tallahassee Florida

February 28, 2013

To Whom It May Concern:

I am requesting that my corporation name of **Vescontle**Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Jeffery Passmitte

Thank you,

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

•	ponetle ENT	CILFICIA		3//	-
TICLE II PRINCIPAL OFFICE Principal street address		Mailing	oddroga if d	3 X	-
13016 SW 894 St		wanng	address, if d	<b>S</b>	_
				\$2 7 8 7 7	<u> </u>
LAKE Butlen Fl	32054			F 2 2:	
•			·	25 c	
TICLE III PURPOSE	. 4.4	11/11	$C_{\perp}$	POM *	
purpose for which the corporation is organize	d is:	#11 LA	1 tu I	Du3	11
		<del></del>			
TICLE IV SHARES number of shares of stock is: DD					
rumber of shares of stock is:   DD					
Name and Title: Jeffery Per	sonette Phos	and Title:			
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Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	Sonetle Phame:  894 Bt Address  2 32054  Name: Address  Address	and Title:			

Name and Title:	Name and Title:	<del>-</del>
Address	Address:	
		,
ARTICLE VI REGISTERED AGENT		PS 3
Name: Jeffery Penson	المراجع والمراجع والمراجع والمراجع والمراجع	RASS
Address: 13016 5W 894	St 32054	FF ST
ARTICLE VII INCORPORATOR	<u> </u>	RBA TIE
The <u>name and address</u> of the Incorporator is:		
Name: Nettie Davis, Inc.  846 SW Main Blvd.  Address: Lake City, FL 32025		
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appointm	of process for the above stated corpor nent as registered agent and agree to a	ration at the place designated in ct in this capacity
Required Signature/Registered A	Agent	3/7/13 Date
I submit this document and affirm that the facts stated h document to the Department of State constitutes a third de	nerein are true. I am aware that the fo	alse information submitted in a 55, F.S.
Attue Davis Required Signature/Incorpora	tor	3/7/13 Date