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(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	 -
Special instructions to	Filling Officer.	

Office Use Only



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SECRETAR OF STATE

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COVER LETTER

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

SUBJECT: Say	/lor Background I	nvestigations		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: <u>J</u>	oyclynn Saylor			
2	221 Estate Cir	e (Printed or typed) Address		13 May 24
N	avarre, FL 32566	3	学 (P STA FLOR 	24 AMII: 17
8	50-830-4241	State & Zip	Ā	17
	Daytime I	elephone number		

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

joyclynnsaylor@yahoo.com

E-mail address: (to be used for future annual report notification)

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

<i>rticle ii Pri</i> 2221 Estate C	NCIPAL OFFICE Principal street address ir	М	lailing address, if different is:	
Navarre, FL 3				<u> </u>
RTICLE III PUR he purpose for which t	POSE the corporation is organized is: Any leg	al business	purpose	
			3 3 A	
RTICLE IV SHA he number of shares of RTICLE V INIT	stock is: 1,000 TIAL OFFICERS AND/OR DIRECTORS	<u></u>	MAY 24 AHI	
he number of shares of RTICLE V INIT	stock is: 1,000	S Name and Title:_	24 AMII:	Section (Section (Sec
he number of shares of RTICLE V INIT	stock is: 1,000	_	24 AMII:	
he number of shares of RTICLE V INIT Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS Joyclynn Saylor President 2221 Estate Cir	Name and Title:_ Address: Name and Title:_	24 AH II: 17	

Name an	d Title:	Name and Title:	_
Address		Address:	_
		<u> </u>	
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Joyclynn Saylor		
Address:	2221 Estate Cir	_	
	Navarre, FL 32566	_	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Joyclynn Saylor		
Address:	2221 Estate Cir	OF STATE	
	Navarre, FL 32566	RIDA	
	ned as registered agent to accept service of process am familiar with and accept the appointment as res	ss for the above stated corporation at the place designated agistered agent and agree to act in this capacity	d in
	Required Signature/Registered Agent	Date Date	_
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	e true. I am aware that the false information submitted in as provided for in s.817.155. F.S.	in a
	Piguined Signature/Incomporator		3