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(Requestor's Name)				
(Add	dress)			
· (Add	Iress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	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:	JECT: SAGA SOUTHERN IN C (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:		
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy			
		ADDITIONAL CO			
FROM:	GARY L JON Name				
	LEBAHOH O	1410 45036 State & Zip			
	937 602 Daytime Te	23272 elephone number			
	E-mail address: (to be used	AOL. LOM I for future annual report i	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)

The name of the corporat	E ion shall be:	SAGA	South	ern in	<u> </u>	 			
ARTICLE II PRIM	VCIPAL OFFICE Principal <u>street</u> ad		Mailing address, if different is:						
1500 BEVILL	KRO #	6006		1451 SHAKER RUN BLU		QV			
DAYTONA BI	EACH FL	32114	_	LEBANO	OH OI	410	450	36	
ARTICLE III PURI The purpose for which the	POSE ne corporation is o	rganized is:	RETAIL	uPS	STOR	E	SECK WINY.	13 MAY 28	6.50m
			***************************************				OF STATE	AH 8: 28	C
ARTICLE IV SHA The number of shares of s ARTICLE V INIT Name and Title:	stock is: <u>\$6</u>	AND/OR DIE	ECTORS						
Address	LEBAHOH PRESIDE	oH10 45		ress:					
Name and Title:	SANDRA	K JOHE	S Nam	e and Title:					
Address	1451 SHAN	CER RUH	RD Add	ress:					
	LEBAHON	0410 45	036						
	SECRETARY	-TREASU	rep	_					
Name and Title:			Nam	e and Title:		·—···			
Address			Add	ress:					
			 	_		•			

Name and	Title:	Name and Title:	
Address		Address:	
		 	
			3 14
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	Y 28
Name:	GARY L JOHES	c c	
Address:	1500 BEVILLE RD # 606	?	8: 28 8: 28
	DAYTONA BEACH FL 32114		'
ARTICLE VII	INCORPORATOR		
The name and ad-	dress of the Incorporator is:		
Name:	GART L JOHES		
Address:	1451 SHAKER RUN BLUC		
	LEBAHON OHIO 45036		
Having been nam this certificated I a	ed as registered agent to accept service of process m funifier with and accept the appointment as reg	for the above stated corporation istered agent and agree to act in t	at the place designated in this capacity
- / Qu	Required Signature/Registered Agent		5-24-13
12	V		Date
	ment and affirm that the facts stated herein are t effarment of State constitutes a third degree felony		
× The	The same of the sa		5-24-13 Date
- pay	Required Signature/Incorporator		Date
/	•		