## P300049366

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
<u>.</u>		
,		

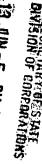




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Ps 6/6/13

## **COVER LETTER**

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

SUBJECT: MOLLY BE	TE NAME - MUST INCLUDE SUFFIX)			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
19826 Madde Fort Myers, City, 5 Daytime Te	Printed or typed)  Plena Cicle  ddress  Address  State & Zip  Plephone number  OMAIL COM  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)

The name of the corporation shall be: MOLLY	GR P.A.	13 JUN -5 PM 2: 52
ARTICLE II PRINCIPAL OFFICE  19826 MADDELENA CIRCLE  1	Mailing address	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Sales & Real	Estate	
ARTICLE IV SHARES The number of shares of stock is: 5005HARE  ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	5 - No PAR C RS Name and Title:	
Name and Title:Address:	Address:	
Name and Title:Address:	Address:	,
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) o  Name: Address: Address:	f the registered agent is:	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:	CIRCLE 53967	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as reg	sistered agent and agree to act in i	
Molly Began Required Signature/Registered Agent		5-3/-/3 Date
I submit this document and affirm that the facts stated herein are	true. I am aware that the false	information submitted in a
document to the Department of State constitutes a third degree felon  Required Signature/Incorporator	y as provided for in s.817.155, F	s. 5-31-13
Required Signature/Incorporator		Date