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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,				
(Document Number)				
(Boodmont Namber)				
Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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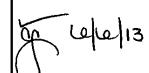
SECRETARY OF STATE

ON THE SECRETARY OF STATE

ON THE STATE OF CORPORATIONS

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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

7322 Ancha Steet

Address

SECRETARY OF STATE

Daytime Telephone number

Plas da hima and continue annual report notification)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: 13 JUN -5 PM 4: 17 PRINCIPAL OFFICE Principal street address Mailing address, if different is: The purpose for which the corporation is organized is: Hay and all lawful business ARTICLE III PURPOSE

ARTICLE I

ARTICLE II

ARTICLE IV SHARES The number of shares of stock is:	,00		
Name and Title: Address	FAIATOS	HENOT Name and Title:	
Name and Title: Address 332	2 Archa Street ing, FC 33872 ice Nest Vice Pro 2 Archa Street ing, FC 33872	Address:	
Name and Title:		Name and Title:	
Address		_ Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Address: ARTICLE VII INCORPORATOR	SECRETARY OF CORPO
	STA- DRAIT
The name and address of the Incorporator is:	7 108
Name: John HARDY TOWNS	\$ 9
Address: 13dd Hrcha Street Solving, FC 33877	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Required Signature/Registered Agent	<u>5-20-/3</u> Date
— -	
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
Ash Fully Required Signature/Incorporator	5-20-/3 Date
Required Signature/incorporator	Date