P1300063630

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





500250073575

07/29/13--01023--005 **/0.00

FILED

3 JUL 29 PH 1: 3

SECRETARY OF STATE
ANARCS FI ORBO

MRD 8/1/13

COVER LETTER

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

SUBJECT:	JAY WHALEN F.A (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an	riginal and one (1) copy of the articles of incorporation and a check for:
\$70.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	JAY WHALEN Name (Printed or typed) FO44 CERROMAR DRIVE
	NARES, FLORIDA JHIR City, State & Zip
	Daytime Telephone number Tay whale 1 2 Concast. net E-mail address: (to be used for future annual report notification)

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

			or Chapter 621, F.S		FILED
ARTICLE I NA The name of the corpor		-AV W+	IALEN	P. 13	JUL 20
·		/		SECR	ETARY OF THE 31
ARTICLE II PR	INCIPAL OFFICE Frincipal street address Frincipal street address Frincipal street address	RIVE DA 34116) —	ailing address, if diffe	ETARY OF STATES TENT SEE, FLORIDA
ARTICLE III PUI The purpose for which	RPOSE the corporation is organ	ized is:	1 = 5 d	SERVI	C£5
	ARES			•	·
Name and Title: Address:	TIAL OFFICERS AN JAV WHAL JAVE ETERS MA ALLES, FL	D/OR DIRECTOR	_ ^ dd		
Name and Title:_ Address:			Name and Title: Address:		
450000000000000000000000000000000000000	010000000000000000000000000000000000000		<u> </u>		,_ ,
	GISTERED AGENT	NOT accountable) of	Etha rapistared exant	ia.	
Name: Address:	Street address (P.O. Box	OMAIZ VIC	NE registered agent	is.	
ARTICLE VII INC The name and address Name: Address:	CORPORATOR of the Incorporator is:	ALEN DE	WE 4112		
	registered agent to accentification				
(Sualin	mh			7/2	16/2013
T	Required Signature/R	egistered Agent			Date
	t and affirm that the fac				ution submitted in a
document to the Depart	tment of State Lonstitutes	a third degree felon	y as provided for in s		26/2013
- Jan	Required Signature	Incorporator			Date