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(Requestor's N	Name)			
(Address)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business Ent	ity Name)			
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Officer:				

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TO ACKROWLEDGE SUFFICIENCY OF FILING HOLVOCKUL AL ACIETAL

SECHETARY 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:	PROPOSED CORPORA	ONS LATE NAME - MUST INCLU	DE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	HENRY	ADDITIONAL CO	FI REQUIRED			
	20527 180	Address		13 <i>t</i>		
Address LIVE DAK F1 32060 City, State & Zip						
<u> </u>	B86.776, 18 Daytime	Telephone number TANC @ G		AM IO: 34		
·	E-mail address: (to be us	ed for future annual report n	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)

	HOVED	Д
AR	WD	

IN CT3 AUG 16 AM 10: 34 NAME The name of the corporation shall be: Mailing address, if diffactive ASSEE FLORIDA F1.32060 ARTICLE III PURPOSE CONSTRUCTION, and ANY The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRF S Name and Title: 20527 2060 _____ Name and Title:_ Name and Title: Address ___ Address: Name and Title: Name and Title:____ _____ Address: Address

Trante and True.	Traine and Title.
Address	Address:
	•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	stuble) of the registered agent is:
	· · · · · · · · · · · · · · · · · · ·
Name: HENRY FIRM	
Address: 27/80th ST	
Name: HENRY FIRA 20527/80th ST. LIVE DAK, F1.	32060
ARTICLE VII INCORPORATOR	•
The name and address of the Incorporator is:	
	n
Name: AENRY 2 TR.	<u>~</u>
Address: 27/80= 51	
Name: HENRY LIR. 20527180th ST LIVE OAK, F	1. 32060
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
	26 / 13
Required Signature/Registered A	08.16.13
	rein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third deg	ree jeiony as provided for in s.vi /.155, r.s.
HEMAN SUR	08.16.13
Required Signature/Incorporate	or Date
/	
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	ECA LA

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