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13 AUG 28 PH 3: 46
SECRETARY OF STATE
SECRETARY OF STATE

1 09/03/13

COVER LETTER

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

SUBJECT: Par	n Organ PA		
301312C11 <u></u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQU	
	Pam Orzan Name	e (Printed or typed) Trace Circle Address	
	Delray Beach City,	FL. 3344 State & Zip	5
	561-302-5 Daytime T	630 Celephone number	·····
	Damorzanreah E-mail address: (to be use	or @ amail. C	oM notification)

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

c

26 August 2013

To whom it may concern,

I, Pam Orzan, have no intentions of revoking the dissolution of document number P10000048812 filed July 26, 2013.

Sincerely,

Pam Orzan

13 AUG 28 PH 3: 46
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: Pam Orzan PA			
	NCIPAL OFFICE Principal street address			
2461 N. Co.	ral Trace circle		· · · · · · · · · · · · · · · · · · ·	
Delray Bea	ch, FL. 33445	4-SAME		
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is: 5e	Il residentia	I real estak	
			13 FAIL	
			L CAE	
ARTICLE IV SHA	IRES		TAR TASS	
The number of shares of			PH PH	
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	8	FLOOP FLOOP	
•	Pam Orzan - President	_	RRD/	
	2461 N. Coral Trace Cir.			
Address 6			.	
	Delray Beach, FL. 3344	-		
Name and Title		Name and Title:		
Address				
	,			
Name and Title	·	Name and Title:		
Address		Address:		
			·- · · · · · · · · · · · · · · · · · ·	

Name and	Title:	Name and Title:	· · · · · ·					
Address		Address:						
•								
		<u></u>						
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	Tthe registered agent is:	,					
	Pam Orzan	alle regissioned agent is:						
Name:		•						
Address:	2461 N. Coral Trace Cir.	-						
	Delray Beach, FL. 3344	5	ALE 3					
			A A A					
ARTICLE VII	INCORPORATOR		TARY HASSE					
The name and ad	dress of the Incorporator is:							
Name:	tam Orzan	-	STATE STATE					
Address:	2461 N. Coral Trace cir	;	PH 3: 46 OF STATE E. FLORIDA					
	2461 N. Coral Trace cir Delray Beach, FL. 334.	15						
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity								
1-20	a(Q).	J	8-21-13					
John	Required Signature/Registered Agent		8					
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 felony as provided for in s.817.155, F.S.								
	(Q)		8-26-13					
ums	Required Signature/Incorporator		Date					