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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone) #)		
PICK-UP	MAIT WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

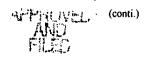
SUBJECT:	Cordeio Iric.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	Jennifer K. Rabau	ıt	
FROM:	Nam	e (Printed or typed)	
1	6082 Heatherwo	od Ct.	
_		Address	
T	Tallahassee, FL 3	32309	
	City	, State & Zip	
3	350-296-5113		
	Daytime 1	Telephone number	
j€	ennifer@talweb.com		
<u> </u>	E-mail address: (to be use	ed 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)



ne name of the corporat	ion shall be: Cordelo Incorpor	ated	الريه ويقسده
RTICLE II PRIM	NCIPAL OFFICE		13 SEP 25 PH 1: 23
	Principal street address	Maili	ing address, if different is: SECREMAN STATE TALLAMASSE FLORIDA
082 Heather	rwood Ct.		TALLAMSSE FLORD
illahassee, F	FL 32309		
TICLE III PURI	POSE ne corporation is organized is: _any an	d all legal bus	siness
		· · · · · · · · · · · · · · · · · · ·	
<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
t-va-			7.7.1
RTICLE IV SHA	RES 100		•
e number of shares of s	stock is:		
RTICLE V INIT	TAL OFFICEDS AND OD DIDECTOR	o C	
	TAL OFFICERS AND/OR DIRECTOR Jennifer K. Rabaut -President		
Name and Title		Name and Title:	
Address	16082 Heatherwood Ct.	Address:	
	Tallahassee, FL 32309	-	
		_	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
		<u></u>	



Name and	l Title:	Name and Title:	13 SEP 25 PM 1: 23
Address		Address:	SECRETAL STATE TALLAHASSEE RICHEA
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o Jennifer K. Rabaut	f the registered agent is	s:
Name:	16082 Heatherwood Ct.	_	
Address:	Tallahassee, FL 32309	- ' -	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Jennifer K. Rabaut	_	
Address:	16082 Heatherwood Ct.		
	Tallahassee, FL 32309	-	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Required Signature/Registered Agent	gistered agent and agr	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware tha	
	Required Signature/Incorporator		9/25/13 Date

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