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. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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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:	Lewis Group Invest	tments Inc. TENAME- <u>MUST INCL</u>	UDE SUFFIX)		-
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	<u></u>	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	of	
		ADDITIONAL CO	PPY REQUIRED		
FROM:	Christopher L Name 2406 State Ro		± 1367		
Valvico, FL 33595					HOISIAIC JYOGS
	(813) 7- Daytime To Chris , Iq inves	17-3204 elephone number stments @ gmail. o	com	-2 PH 2: 24	FILED TARY OF STATI OF BORPORATI
	E-mail address: (to be used	for future annual report	notification)	+	SKO E

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



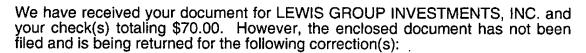
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2013

CHRISTOPHER LEWIS 2406 STATE ROAD 60 EAST #1367 VALRICO, FL 33595

SUBJECT: LEWIS GROUP INVESTMENTS, INC.

Ref. Number: W13000050475



The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 213A00021472

JIVISION OF BORPORATIONS

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D'alaire (Commenting DO DOY 0007 M 11) The 11 0007

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

	CIPAL OFF				Mallina	,13 OC	ifferent is	?: 2
2406 State	Principal <u>stree</u> Road L	*=			Maning	address, ii c	umerent is:	- 2
* 1367	10000	PO DASI				<u>-,</u>		
Valrico Fl	3359	 5						
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ICLE IV SHAL umber of shares of s ICLE V INIT. Name and Title:	tock is:	00 CRS AND/OR D topher L	irectors	President Name and Titl	e:			
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umber of shares of s ICLE V INIT Name and Title:	IAL OFFICE Chvis 2844	topher L	ewis, 1 Drive	resident Name and Titl	e:			
umber of shares of s ICLE V INIT Name and Title: Address	tock is: 10 IAL OFFICE Chvis 2842 Plant	topher L Hammack City, FL	ewis, ^f Drive 33566	resident Name and Titl Address:				
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Name and Title:	Name and	d Title:
Address	Address:	
	RED AGENT address (P.O. Box NOT acceptable) of the registe	red agent is:
Name:	hris Lewis	
Address: 28	144 Hammock Drive	
P	144 Hammock Drive ant City FL 33566	
ARTICLE VII INCORPO	RATOR	
The name and address of the I	ncorporator is:	
Name: <u>Chr</u>	istopher Lewis	
Address:	844 Hammock Drive	
	lant City FL 33566	
/ G	red agent to accept service of process for the ab the and accept the appointment as registered age uired Signature/Rogistered Agent	ove stated corporation at the place designated in ent and agree to act in this capacity Date
I submit this document and as document to the Department o	firm that the facts stated herein are true. I am f State constitutes a third degree felony as provid	aware that the false information submitted in a led for in s.817.155, F.S.
	4	8/29/13
Re	equired Signature/Incorporator	Date Date
		· ·

SECRETARY OF STATE ORPORATIONS

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