P300062179

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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

SUBJECT:	S.D. Koosa	ove t Inc	- -
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i 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
	SARA DELAN Name 0343 South E	east Marig	old Circle
	Hobe Sound City, 772-600-80 Daytime To Street Con Garage E-mail address: (Case use	262 'elephone number	

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)

ICLE I NA name of the corpor	ation shall be:		 	evelt	T-1/CC.		-
03435	INCIPAL OFFICE Principal street E Mary Sound,		55	Mailing	address, if differ	rent is:	
TICLE III PUI purpose for which	RPOSE the corporation is	s organized is:	etail	Oncu	Hunt	7	
			1 12 12 12				
TCLE IV SH	ARES f stock is:	.00					
number of shares o	f stock is:\	COO RS AND/OR DIREX PLOXEVEH		and Title:			
number of shares o	f stock is: TIAL OFFICER Ic:_SWAD	RS AND/OR DIREC	CE Dame			.33 OC	DISTA GT
number of shares of the shares of the share and Tite the share and Tit	fstock is: TIAL OFFICER Ic:_SWAD 10343	RS AND/OR DIRECT	E Dame	ss:		3 007 - L PH	10 VISION OF CORPOR
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number of shares of the shares of the share and Tite Address	f stock is:] TIAL OFFICER Ic:_SWAD 10343 HOBE	RE MARI	<u>CE</u> Dame GOLIN ddre 334C Name	ss: and Title:		.33 OCT - 4 PH 1: 09	TO VISION OF CORPORATIONS
Name and Tit Name and Tit	f stock is:] TIAL OFFICER Ic:_SWAD 10343 HOBE	RS AND/OR DIRECT PLOSEVEH SE MARI SOUND, PL	<u>CE</u> Dame GOLIN ddre 334C Name	ss: and Title:			TiONS
Name and Tit Address Name and Tit Address	f stock is:	RS AND/OR DIRECT PLOSEVEH SE MARI SOUND, PL	CE & ame GOLIN ddre 3346 Name Addre	and Title:			TIONS

Name and Title:	Name and Title:	
Address	Address:	
	TERED AGENT t address (P.O. Box NOT acceptable) of the registered agent is: The land place of the registered	DIVI OV
ARTICLE VII INCORP	e Incorporator is: 2000 Do lano Roosevelt 2343 S.F. Marigold Circle 348 Sound F. 23455	SECRETARY OF STATE SECRETARY OF STATE SUISION OF CORPORATIONS
this certificate Lam familiar	stered agent to accept service of process for the above stated corporation with and accept the appointment as registered agent and agree to act in equired Signature/Registered Agent	n at the place designated in this capacity Date
document to the Department	affirm that the facts stated herein are true. I am aware that the false of State constitutes a third degree felony as provided for in s.817.155, Factorial Required Signature/Incorporator	