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## **COVER LETTER**

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

Law Office of Mark A. Bilawsky, PA (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Mark A. Bilawsky Name (Printed or typed) 7653 Lockhart Way Address Boynton Beach, FL 33437 City, State & Zip 561-752-3228 Daytime Telephone number

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

mabatty2209@comcast.net

E-mail address: (to be used for future annual report notification)

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

The name of the corporat	Eion shall be: Law Office of M	lark A. Bilawsky,	PA	
Principal street address 7653 Lockhart Way Boynton Beach, FL 33437		Mailing address, if different is: 6615 Boynton Beach Blvd #357 Boynton Beach, FL 33437		
ARTICLE IV SHA The number of shares of	RES stock is:		13	
	TIAL OFFICERS AND/OR DIRECTOR Mark A. Bilawsky, Pres.	<u>ıs</u>	SECRETARE VISION OF C	
	7653 Lockhart Way	Name and Title:	PP	
Address	Boynton Beach, FL 33437	Address:	H OG	
Name and Title:		Name and Title:		
Address				
Name and Title:				
Address		Address:		

Name a	and Title:	Name and Title:
Addre	ss	Address:
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) Mark A. Bilawsky	<u> </u>
Address:	7653 Lockhart Way	- 3 C
7144.400.	Boynton Beach, FL 33437	SECRE JARY OF SVISION OF CORPOR
	I INCORPORATOR  address of the Incorporator is:  Mark A. Bilawsky	PH + O4
Name:	7653 Lockhart Way	_
Address:	Boynton Beach, FL 33437	<del></del>
	amed as registered agent to accept service of proced am familiar with and accept the appointment as reconstructed Required Signature/Registered Agent	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity  \[ \frac{1}{2} \frac{2}{3} \]  Date
	Required Signature/Incorporator	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.