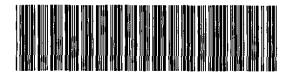
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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

_{SUBJECT:} Mic	helle A Preciado	PA	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
N	lichelle A Precia	do P A	

Michelle A Preciado P A

Name (Printed or typed)

2803 Winding Trail Drive

Address

Valrico, FL 33596

City, State & Zip

813-689-8839

Daytime Telephone number

Info@larrycuppett.com

E-mail address: (to be used 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)

The name of the corporat	E Michelle A Preciad	оРА		
ARTICLE II PRINCIPAL OFFICE Principal street address 2803 Winding Trail Drive		Mailing address, if different is:		
Valrico, FRL	33596			
ARTICLE III PURI The purpose for which the Florida.	POSE ne corporation is organized is:	t Real Estate Sales In	The State Of	
ARTICLE IV SHA	RES		130 OCT	
	IAL OFFICERS AND/OR DIRECTORS	<u>S</u>	5 AH O:	
Name and Title Address	Michelle Preciado, President 2803 Winding Trail Drive Valrico, Florida 33596	Name and Title:Address:	№ 32	
Name and Title:				
Name and Title:				

Name ar	nd Title:	Name and Title:
Addres	s	_ Address:
RTICLE VI	REGISTERED AGENT	
he <u>name and F</u>	Clorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Michelle Preciado	— <u></u>
Address:	2803 Winding Trail Drive	
	Valrico, FL 33596	
RTICLE VII	INCORPORATOR	
he <u>name and a</u>	ddress of the Incorporator is:	
Name:	Michelle Preciado	
Address:	2803 Winding Trail Drive	_
	Valrico, FL 33596	_
laving been nat his certificate, I	am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity 09-30-2013
Required Signature/Registered Agent		Date
ankude thia da		true. I am aware that the false information submitted in a
ocument to the	Department of State constitutes a third degree felor	ly as provided for in s.817.155, F.S.
,	2 /och Il Tracerd	09-30-2013
· · · · · ·	Required Signature/Incorporator	Date
	1	