## P1300089337

(Re	equestor's Name)	
(Ad	dress)	·
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·
·		

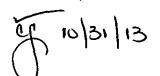
Office Use Only



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JIVISION OF CORPORATIONS
13 OCT 30 PM 1: 06



## **COVER LETTER**

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

SUBJECT: SHC	W FAR SHOW G						
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )						
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				

FROM: SJ COOPER & ASSOCIATES
Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366
Address

NAPLES, FLORIDA 34104
City, State & Zip

239-398-3637
Daytime Telephone number

STEVEN@SJCFINANCE.COM
E-mail address: (to be used for future annual report notification)

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

13 OCT 30 PM 1: 06

SECKETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
PIXISION OF CORPORATION

E II PRI	NCIPAL OFFICE			13 OCT 30	PM
	Principal street address	Mailing address, if different is:			
	JS VIEW COURT	<del> </del>		BAY COURT	
NT CLO	UD, FL 34769	NAPL	ES, FL	34120	
LE III PUR	PPOSE the corporation is organized is:	& PROFESSIO	NAL COR	PORATION	
					-
	, <u>, , , , , , , , , , , , , , , , , , ,</u>				
EW SH	4RES 100				
<b>LE IV SHA</b> per of shares of	ARES 100				
E V INI	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>			
E V INI		S. Name and Title:_			
E V INI	TIAL OFFICERS AND/OR DIRECTOR	-			
E V INT	TIAL OFFICERS AND/OR DIRECTOR : HEIDI BETH GRIMM	Name and Title:			
E V INT	TIAL OFFICERS AND/OR DIRECTOR E: HEIDI BETH GRIMM 1719 CITRUS VIEW COURT	Name and Title:			
E V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR E: HEIDI BETH GRIMM 1719 CITRUS VIEW COURT	Name and Title: Address:			
E V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR HEIDI BETH GRIMM 1719 CITRUS VIEW COURT ST CLOUD, FL 34769	Name and Title: Address: Name and Title:			
E V INT Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR HEIDI BETH GRIMM 1719 CITRUS VIEW COURT ST CLOUD, FL 34769	Name and Title: Address:  Name and Title: Address:			
E V INT Name and Titl Address	HEIDI BETH GRIMM  1719 CITRUS VIEW COURT  ST CLOUD, FL 34769	Name and Title: Address:  Name and Title: Address:			
E V INT Name and Titl Address Jame and Title Address	HEIDI BETH GRIMM  1719 CITRUS VIEW COURT  ST CLOUD, FL 34769	Name and Title: Address:  Name and Title: Address:			

Name and	Title:	Name and Title:	<del> </del>
Address		Address:	<del> </del>
			· 
ARTICLE VI	REGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	STEVEN COOPER		
Address:	4001 SANTA BARBARA BLVD # 366	_	
_	NAPLES, FL 34104	_	
	INCORPORATOR		
The name and add	ress of the Incorporator is:		
Name;	STEVEN COOPER		
Address:	4001 SANTA BARBARA BLVD # 366	-	
	NAPLES, FL 34104	-	
	d as registered agent to accept service of process a familiar with and accept the appointment as reg	ristered agent and agree to act in this capacity	_
مع بالأح	Required Signature/Registered Agent	10-28	
	Required Signature/Registered Agent	Date	3
	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon		ubmitted in a
Ten-	Ceeppe	10-28	3-13
79	Required Signature/Incorporator	Da	ite

SECHETARY OF STATE STATE CORPORATIONS

13 OCT 30 PM 1: 07