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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·		
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PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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13 DEC -6 PH 3: 20
SECRETARY DESTATE
ALL AHASSEE, FLORID

x 2/09/13

EFFECTIVE DATE 0/01/14

COVER LETTER

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

∪вјес т: <u>С }</u> ∂	(PROPOSED CORPORA	TENAME-MUSTINCLI	JDE SUFFIX)		
nclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		

Name (Printed or typed)

2700 S. RIO GRANDE AVE
Address

ORLANDO FL 32805

City, State & Zip

(407) 496-1893

Daytime Telephone number

J PRINCESS 613 @ AOL. 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)

RTICLE I NAME			
he name of the corporation shall be: COVERS 3	ANITORIA	1 + MAIN	MEN ANO
RTICLE II PRINCIPAL OFFICE			
Principal street address		ng address, if differen	
2700 S. RIO GRANDE AVE			
DR/ANDO FL 32805	ORIANI	DO FL	32805
RTICLE III PURPOSE	_		
The purpose for which the corporation is organized is:	bur 1	All	
IAW FUL DUSINESS			
[40 70]			
			,
			 -
		.4	
ARTICLE IV SHARES		A En Ec	<u>.</u>
1.000			
The number of shares of stock is:			Q Same
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	l	: السر التانية	7
Poes	IDENT	LORI	3: 20
Name and Title: CLOVER BROWN	Name and Title:	Dr. A	
Address 2700 S. RID GRAND	Address:		
ORIANDO FL 32805			
			
Name and Title:	Name and Title:		
Address			
			
	F	FFECTIVE DATE	01/01/1
	!		-7-7-

Name and T	itle:	Name and Title:				
Address		Address:	· · · · · · · · · · · · · · · · · · ·			
	FECTIVE DATE OF INCORPORATION corporation shall be January 1, 2014					
ARTICLE VII	EGISTERED AGENT					
The name and Flori	la street address (P.O. Box NOT acceptable) o	f the registered agent is:				
Name:	OVER BROWN					
Address:	2700 S. RIO GRA	NDE AVE				
Č	DRIANDO FL 32					
ARTICLE VIII II			13 DEC			
The name and addre	ss of the Incorporator is:		SSE -6			
Name:	Clover Brown	_				
Address:	2700 S. RIO GRA	AUE AUE	3: 21 OAIE			
	ORIANDO FC 32	2805	Div. O			
Having been named this certificate, (am)	as registered agent to accept service of process amiliar with and accept the appointment as reg	for the above stated corporate sistered agent and agree to act	ion at the place designated in in this capacity			
		 	12/4/13			
	Required Signature/Registered Agent		\ Date			
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
	Required Signature/Incorporator		12/4/13 Date			
	, , , , , , , , , , , , , , , , , , , ,					

EFFECTIVE DATE 0/01/14