## PKOOBOKK

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	<del>)</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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## **COVER LETTER**

COVOTE RUN INC

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

SUBJECT:			
	(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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	∕lichael E. Himm		
37	721 Quinby Islar	e (Printed or typed)	
		Address	
Ja	acksonville, FL	32224	

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

City, State & Zip

Daytime Telephone number

PapaHB45@gmail.com
E-mail address: (to be used for future annual report notification)

904.616.2239

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

	INCIPAL OFFICE Principal street address Island Court		Mailing address Quinby I	s, if different is: sland Co	urt
lacksonville,	FL 32224	Jacks	sonville, f	FL 32224	
					2
he purpose for which	RPOSE the corporation is organized is:	al Operatin	g Busine	ess in the second	60 -5 P
				ELORIB)	: C
			<del> </del>		
	<i>TIAL OFFICERS AND/OR DIRECTOR</i> <sub>e:</sub> Michael E Himmelberg	SS Name and Title			
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR	S Name and Title Address:	Secretar 3721 Qu	Himmelb y/Treasu iinby Islai ville, FL 3	rer/Di nd Ct
<b>RTICLE V IM</b> Name and Titl  Address	TIAL OFFICERS AND/OR DIRECTOR  Michael E Himmelberg  President / Director  3721 Quinby Island Ct	Name and Title Address:  Name and Title Address:	Secretar 3721 Qu Jackson	y/Treasu iinby Islai ville, FL 3	rer/Di nd Ct 32224

Name an	d Title:	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:
ARTICLE VI	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Michael E Himmelberg	_*
Address:	3721 Quinby Island Ct	
Addiess.	Jacksonville, FL 32224	
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	SAL CO
Name:	Michael E Himmelberg	7°°
Address:	3721 Quinby Island Ct	
	Jacksonville, FL 32224	<del>-</del>
	am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in gistered agent and agree to act in this capacity  03/02/2014
Required Signardre/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein ar Department of State constitutes athird degree felo	true. I am aware that the false information submitted in a nown as provided for in s.817.155. F.S.
	ALLAND IV	03/02/2014
Required Signature Incorporator		Date