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(Requestor's Name)				
(Address)				
(Address)				
(Č	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	o Filling Officer:			

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COVER LÉTTER

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



(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 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:	BRANDI MCNEAL
1 110111.	Name (Printed or typed)
	3303 N LAKEVIEW APT 315
	Address
	TAMPA FL 33618
	City, State & Zip
	8138506090
	Daytime Telephone number
	BCPLINC@LIVE.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)

ARTICLE II PRI 3303 N LAKEV	NCIPAL OFFICE Principal street address	Mailing addre	ess, if different is:
······································	VIEW DR	SAIVIE AS LIN	2150
APT 315 · FAMPA FL 3:	2610	· · · · · · · · · · · · · · · · · · ·	,
he purpose for which the	POSE ne corporation is organized is: ALL PU	JRPOSE	
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	7 7 7 7 7 7		
RTICLE IV SHA he number of shares of	stock is:		
he number of shares of	RES stock is: 1 TAL OFFICERS AND/OR DIRECTOL (P) BRANDI MCNEAL	RS Name and Title:	
he number of shares of	stock is:		
he number of shares of RTICLE V INT Name and Title	TAL OFFICERS AND/OR DIRECTOL (P) BRANDI MCNEAL	Name and Title:	
he number of shares of RTICLE V INT Name and Title	TAL OFFICERS AND/OR DIRECTOR (P) BRANDI MCNEAL 3303 N LAKEVIEW DR	Name and Title:	
he number of shares of RTICLE V INT Name and Title Address	TAL OFFICERS AND/OR DIRECTOR (P) BRANDI MCNEAL 3303 N LAKEVIEW DR APT 315	Name and Title:Address:	
he number of shares of RTICLE V INT Name and Title Address	TAL OFFICERS AND/OR DIRECTOR (P) BRANDI MCNEAL 3303 N LAKEVIEW DR APT 315 TAMPA FL 33618	Name and Title: Address: Name and Title:	
he number of shares of RTTCLE V INT Name and Title Address Name and Title:	TAL OFFICERS AND/OR DIRECTOR (P) BRANDI MCNEAL 3303 N LAKEVIEW DR APT 315 TAMPA FL 33618	Name and Title: Address: Name and Title: Address:	
he number of shares of RTTCLE V INT Name and Title Address Name and Title: Address	APT 315 TAMPA FL 33618	Name and Title: Address: Name and Title: Address:	
he number of shares of RTTCLE V INT Name and Title Address Name and Title: Address	TAL OFFICERS AND/OR DIRECTOR (P) BRANDI MCNEAL 3303 N LAKEVIEW DR APT 315 TAMPA FL 33618	Name and Title: Address: Name and Title: Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and FI	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	tro 7
Name:	BRANDI MCNEAL		4 APR
Address:	3303 N LAKEVIEW DR APT 315		
	TAMPA FL 33618		
ARTICLE VII	INCORPORATOR		9.56
The name and ad	dress of the Incorporator is:		
Name:	BRANDI MCNEAL		
Address:	3303 N LAKEVIEW DR APT 315		
	TAMPA FL 33618		
	ned as registered agent to accept service of process am familiar with and accept the appointment as regional formal accept the appointment as regional formal forma		
	Department of State constitutes a third degree felong Required Signature/Incorporator		