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(Requestor's Name)				
(Ad	(Address)			
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(Cit	ty/State/Zip/Phone	<i>⇒ #</i>)		
PICK-UP	MAIT WAIT	MAIL		
\ (Bu	siness Entity Nar	ma\		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	ippy mansport, ii	16.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	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 o Status
		ADDITIONAL CO	OPY REQUIRED
		e (Printed or typed)	
	386 South Ridge	POINT Address	····
F	lomosassa, FL 3	4446	
8	43-655-4116	, State & Zip	
	Daytime 1	Telephone number	
T	RANKEYLOW@HO	TMAIL.COM	

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

E-mail address: (to be used for future annual report notification)

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

	PINCIPAL OFFICE Principal <u>street</u> address Ridge Point	M	failing address, if different is:	
omosassa, FL 34446				
CICLE III PU	RPOSE the corporation is organized is: To ope	rate a smal	l business.	
			IL APR IL PM 1:55 SECRETARISSIE FLORIDA	
ICLE IV SH number of shares of	MARES 100		7 -	
umber of shares of	ARES of stock is: 100 ITIAL OFFICERS AND/OR DIRECTOR le: Jacqueline Miller/ President 7386 South Ridge Point Homosassa, FL 34446			
TCLE V IN Name and Tit Address	TITIAL OFFICERS AND/OR DIRECTOR Jacqueline Miller/ President 7386 South Ridge Point Homosassa, FL 34446 Richard Miller/ Vice President	Name and Title: Address: Name and Title:		

Name a	nd Title:	Name and Title:
Addres	S	Address:
<i>ARTICLE VI</i> The <u>name and F</u>	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Jacqueline Miller	NEC:
Address:	7386 South Ridge Point	PR I
	Homosassa, FL 34446	Miles to the
ARTICLE VII		H 1:55
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Jacqueline Miller	_
Address:	7386 South Ridge Point	_
	Homosassa, FL 34446	_
I submit this do document to the	am familiar with and accept the appointment as required Signature/Registered Agent	Date true. I am aware that the false information submitted in a many as provided for in s.817.155, F.S. \(\subseteq - \left(\right) - \left(\left) \)