P14-000037363

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nar	me)			
(00	ocument Number)				
00)	ourient Humber)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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04/25/14--01006--002 **78.75

SECRETARY OF ATTACK
SECRETARY OF ATTACK
MALANIASSER FLORIDA

X 04/28/14

COVER LETTER

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

SUBJECT: Jennifer Eberly, PA		
(PROPOSED CORPORATI	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the article	les of incorporation and	i a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: Jennifer Eberly Name (Printed or typed)	
	dress	
Orlando, FL 32803		
·	ate & Zip	
321-277-9392		
	ephone number	
jeneberly82@yahoo.co		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 II PRI	NCIPAL OFFICE			
0451111	Principal street address		Mailing address, if diff	ferent is:
215 Hillcrest	Street, Unit 300		<u> </u>	
Orlando, FL 3	2803			
RTICLE III PUR ne purpose for which t	POSE he corporation is organized is: Legal S	ervices		
			7. W	14
				APR T
				25
			f E i so	₽ €
	<u></u>		*******	-i
			<u> </u>	, i3
RTICLE IV SHA	ures stock is:		X.	2: 20
RTICLE V INI	NRES stock is: 100 NAL OFFICERS AND/OR DIRECTOR US Jennifer Eberly, Owner	_	S C	20
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	Name and Title	-	20
RTICLE V INT	TIAL OFFICERS AND/OR DIRECTOR Jennifer Eberly, Owner	Name and Title	-	20
RTICLE V INT	Jennifer Eberly, Owner 2215 Hillcrest Street, Unit 300	Name and Title	-	20
Name and Title Address	Jennifer Eberly, Owner 2215 Hillcrest Street, Unit 300	Name and Title Address:		20
Name and Title Address	Jennifer Eberly, Owner 2215 Hillcrest Street, Unit 300 Orlando, FL 32803	Name and Title Address: Name and Title		20
Name and Title Address Name and Title	Jennifer Eberly, Owner 2215 Hillcrest Street, Unit 300 Orlando, FL 32803	Name and Title Address: Name and Title Address:		20
Name and Title Address Name and Title	Jennifer Eberly, Owner 2215 Hillcrest Street, Unit 300 Orlando, FL 32803	Name and Title Address: Name and Title Address:		20
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Name and Title Address Name and Title Address	Jennifer Eberly, Owner 2215 Hillcrest Street, Unit 300 Orlando, FL 32803	Name and Title Address: Name and Title Address:		20

Name and	f Title:	Name and Title:	
Address		Address:	
		<u></u>	
	•		
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	₹
Name:	Neil Andrews		
Address:	2215 Hillcrest Street, Unit 300		AR T
	Orlando, FL 32803		25 PM
			卿 [] [] [] [] [] [] [] [] [] [] [] [] [] [
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		20
Name:	Jennifer Eberly		
Address:	2215 Hillcrest Street, Unit 300		
	Orlando, FL 32803		
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation istered agent and agree to act in	4/22/14
•	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony		
 	Required Signature/Incorporation		4-22-14 Date