400031

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Fiting Officer:	
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Office Use Only



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COVER LETTER

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

OBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 DPY REQUIRED
FROM:	Jalonda Rifer		1
	5716 Memoria	1 Blue Stax t	twy
_0	hattahoochee		
	City,	State & Zip	
	Daytime 1	Celephone number	
	E-mail address: (to be use	ed for future annual report	notification)

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

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

	poration shall be: PRINCIPAL OFF	TICE 0	•	·	Inc		
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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	T acceptable) of the registered agent is:
Address: Star Hwy, 323	ia OBlue
ARTICLE VII INCORPORATOR	3: 25 ORD
The name and address of the Incorporator is: Name:	= Valonda Ritery 5716 memoria Plue Ster
Address: 57/ to receive a	Jalonda Ritey 5716 memoral Blue Ster Howy Chattahooches, R1 32324
	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
Required Signature/Registe	ered Agent (Date)
I submit this document and Affirm that the facts state document to the Department of State constitutes a thin Required Signature/Incor	(Lani 1) 29, 2014