(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	nė)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500259958095

05/15/14--01001--035 **70.00

CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

 $236\ East\ 6th\ Avenue\$. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

1	WALK IN					
		PICK UP: 5 14				
		CERTIFIED COPY				
		РНОТОСОРУ				
		CUS				
		FILING				
1.		ORPORATE NAME AND DOCUMENT #)				
2.	(CC	DRPORATE NAME AND DOCUMENT #)				
 3. 4. 	(CC	DRPORATE NAME AND DOCUMENT #)				
5 .	(CC	DRPORATE NAME AND DOCUMENT #)				
6.	(Ct	DRPORATE NAME AND DOCUMENT #)				
υ.	(C(DRPORATE NAME AND DOCUMENT #)				
SPE	CIAL IN	ISTRUCTIONS:				

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

rame of the con		,	
RTICLE II PRINCIPAL OFFICE Principal street address		Mailing a	ddress, if different is:
Huntingt	on Quadrangle		
uite 1N0			
lelville N			• .
Pricke III Property purpose for whi	Ch the corporation is organized is: publis	hing	
	· · ·		
· ; .			
 			
			
TICLE IV S	HARES 200		
TICLE IV S	HARES of stock is:		
TICLE V I	NITIAL OFFICERS AND/OR DIRECTO		
TICLE V I	NITIAL OFFICERS AND/OR DIRECTO		
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	Name and Title:	4-4-
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR Fitle: Jon D. Werz, Director 1 Huntington Quad		
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR Side: Jon D. Werz, Director 1 Huntington Quad Suite 1N03	Name and Title:	HA
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR Fitle: Jon D. Werz, Director 1 Huntington Quad	Name and Title:	JA MAY
Name and T Address	NITIAL OFFICERS AND/OR DIRECTOR Sitle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address:	AM
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR Sitle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address: Name and Title:	
Name and T Address	NITIAL OFFICERS AND/OR DIRECTOR Sitle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address: Name and Title:	AM
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR Sitle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address: Name and Title:	AM 9:
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR itle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address: Name and Title:	AM 9:
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR Sitle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address: Name and Title:	AM 9:
Name and T Address Name and Ti Address	NITIAL OFFICERS AND/OR DIRECTOR itle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747	Name and Title: Address: Name and Title: Address:	14 AM 9: 15
Name and T Address Name and Ti Address	MITTAL OFFICERS AND/OR DIRECTOR itle: Jon D. Werz, Director 1 Huntington Quad Suite 1N03 Melville NY 11747 tle:	Name and Title: Address: Name and Title: Address: Name and Title:	14 AM 9: 15

(valife all	d Title	Name and The.
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Corporate Access, Inc.	
Address:	236 East 6th Avenue	
	Tallahasse, FL 32303	
ARTICLE VII	INCORPORATOR	DIVISION TO MAY
The name and ad	dress of the Incorporator is:	
Name:	Ruth A. Dennehey	େ ପ୍ରତି ଇନ୍ଦ୍ର 2 ଲେକ୍
Address:	111 Washington Ave	9.
	Albany NY 12210	<u> </u>
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as regional process. Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity. S
I submit this document to the I	unjent and affirm that the facts stated herein are to separtment of State constitutes a third degree felony When the separtment of State constitutes a third degree felony Required Signature/Incorporator	true. I am aware that the false information submitted in a provided for in s.817.155, F.S. S / 14/14 Dake