## PH0003046781

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing 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

<sub>SUBJECT:</sub> VIOI	ation Remedy in	C.	
· · · · · · · · · · · · · · · · · · ·	(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	\$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	14C Rida	leppin <sup>4</sup> J	
	Boyn ton City,	Beach State & Zip	FL 33435
	561 - 80 Daytime T	9 - 9Z98 elephone number	
	VIOLATION rew E-mail address: (to be use	LECY & SMA d for future annual report	iL. Com

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)

TICLE II PRI	NCIPAL OFFICE					
Principal street address		Mailin	g address, if	different	is:	
C Ridgepo	inte Drive					
ynton Beac	h FL 33435					
· -						
TICLE III PUR		coordinate projects that have	property violatio	one that no	d to bo	romo
purpose for which the	he corporation is organized is:	CODICINATE PROJECTS WILL HAVE				
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FICLE IV SHA				REFLOR	PH 2:	; ; ;
<b>FICLE IV SHA</b> number of shares of		<del></del>		RY OF STATE	PH	1 · · · · · · · · · · · · · · · · · · ·
number of shares of	Stock is:			REF STATE	PH 2:2	***
number of shares of	stock is:			EE FLORIDA	PH 2: 25	**************************************
number of shares of	Stock is:			EE FLORIDA	PH 2: 25	***
number of shares of  FICLE V INIT  Name and Title	rial officers and/or director Pola Hackner. President	Name and Title:		EE FLORIDA	PH 2: 25	
number of shares of  FICLE V INIT  Name and Title	TAL OFFICERS AND/OR DIRECTOR Pola Hackner. President 14 C Ridgepointe Drive	Name and Title:		EE FLORIDA	PH 2: 25	7
number of shares of  FICLE V INIT  Name and Title	TAL OFFICERS AND/OR DIRECTOR Pola Hackner. President 14 C Ridgepointe Drive	Name and Title:		EE FLORIDA	PH 2: 25	1 3
number of shares of  FICLE V INIT  Name and Title  Address	TAL OFFICERS AND/OR DIRECTOR Pola Hackner. President 14 C Ridgepointe Drive	Name and Title: Address:		EE FLORIDA	PH 2: 25	
number of shares of  FICLE V INIT  Name and Title  Address	Pola Hackner. President  14 C Ridgepointe Drive  Boynton Beach FL 33435	Name and Title:  Address:  Name and Title:		EE FLORIDA	PH 2: 25	
number of shares of  FICLE V INIT  Name and Title  Address  Name and Title:	Pola Hackner. President  14 C Ridgepointe Drive  Boynton Beach FL 33435	Name and Title:  Address:  Name and Title:  Address:		EE FLORIDA	PH 2: 25	
number of shares of  FICLE V INIT  Name and Title  Address  Name and Title:	Pola Hackner. President  14 C Ridgepointe Drive  Boynton Beach FL 33435	Name and Title:  Address:  Name and Title:  Address:		EE FLORIDA	PH 2: 25	
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Name and Title  Address  Name and Title:  Address	Pola Hackner. President  14 C Ridgepointe Drive  Boynton Beach FL 33435	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		EE FLORIDA	PH 2: 25	

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Flo	REGISTERED AGENT  rida street address (P.O. Box NOT acceptable) of the Miriam B. Walling CPA	he registered agent is:
Name:		
Address:	355 NE 5th Ave Suide	<u>u</u>
	Delray Beach FL 33483	<del>,</del>
ARTICLE VII The name and add Name: Address:	INCORPORATOR  Iress of the Incorporator is:  Pola HACKNET  14 C Ridgepoint  Boynton Beach F	Drive Drive 33435
		or the above stated corporation at the place designated in
1 1 .	Required Signature/Registered Agent	
	<del>-</del>	ue. I am aware that the false information submitted in a
	daning proprietor into the mon	•