## PH000050141

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





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05/09/14--01049--006 \*\*/8.75

SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT:		6USON	INC.
	(PROPOSED CORPORA	ATÉ NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal 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  PPY REQUIRED
FROM:		e (Printed or typed)	
	DAVIE, FL	Address	RIVE
	City,  954-625-  Daytime T  Cyril. Fergus  E-mail address: (to be used		o. Com
	E-mail address: (to be used	d for future annual report r	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			
110221	Principal street address		Mailing address, if different is:	
4282: 3	S. University DR			
	33328			
DAVIE, PL	33328			
·				
RTICLE III PUR e purpose for which t	POSE he corporation is organized is:	usiness	Services	_
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TICLE IV SHA	RES 4.2			eries
e number of shares of	stock is: ///	DRS		TTI TTI
RTICLE V INIT	TAL OFFICERS AND/OR DIRECTLY  LAC / Fat 6050 M. A	DRS EST DENT		PT1
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RTICLE V INIT  Name and Title  Address  Name and Title:  Address	TAL OFFICERS AND/OR DIRECTS  LYRI / FELGUSON, D.  20720 N. N. 36 TH AVE  Missin, FL 3305	Address: Name and Title Address: Name and Title		A LETT
Name and Title Address Name and Title: Address	Stock is:	Address: Name and Title Address: Name and Title Address: Name and Title Address:		A I

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: LyRil FERGUSON	
Address: 20820 N.W. 36 Th Are Mismi FL 33056	
M. pm. FL 33056	75 7
,	F
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	01: 0 TO
Name: Cheril Wilcher	
Address: 2941 NW 186 Terrace Miami Eardens, Fl 380	2
Miami Gardens, Fr. 380	7
Having been named as registered agent to accept service of process j this certificate, I am familiar with and accept the appointment as regis	
Cin D For b	6/3/14
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a
Cheef well	10/3/14
Required Signature/Incorporator	Date