PHUUSAOSO

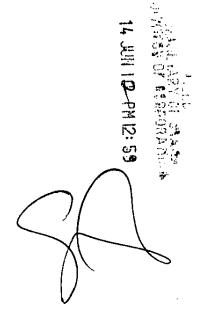
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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COVER LETTER

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

Enclosed are an original \$70.00 Filing Fee	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: PAUL TRUPIA Se. Name (Printed or typed) 165 Bent Tree Drive				
	Im Beach Gu	Address	la 3346°	
914-579-2293 Daytime Telephone number				
Pa	OULTRUPIA@GN		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)

ARTICLE I NAME The name of the corporation shall be: P13 CAPITAL CORP	e. II WEZON OF RAY ST. PLAN
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different 12: 59
165 Bent Tree Drive	
Palm Beach Gordons, Florida	
The purpose for which the corporation is organized is: to be the fle for notail and wholesale fusines	pentures.
ARTICLE IV SHARES The number of shares of stock is:	Title:
Address 165 Bent Tree Drive Address:	
Palm Beach Bardens, Florida 334/8	
Name and Title: Paul Teupin Se Vice President and T	itle:
Address /65 Block Harbers, Flrida 33418	
334/8	
Name and Title hingeth Trupin - Secretory Name and	ulu iile:
Address 165 Bent Tree Dim Address:	
Polar Black Gardens Ha.	
301/4	

Name and Title:	Name and Title:
Address	Address:
·	
ARTICLE VI REGISTERED AGENT	•
The name and Florida street address (P.O. Box NOT a	cceptable) of the registered agent is:
Name: PAUL TRUPIN SR.	
Address: 1 Bent Tree or	inl
Palas Black Cardons,	1.7/brida 334/8
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Paul TRUPIA SR	<u>, </u>
Address: 1 b Beat Tree Dr	ive
Palm Black Garde	us, Floring
	ce of process for the above stated corporation at the place designated in
inis ceruficate, I am familiar with ana accept the appoin	ntment as registered agent and agree to act in this capacity
Jaul Juspia Si.	6/10/14
Required Signature/Registered	d Agent Date
	t herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third	aegree jeiony as provided for in s.817.133, F.S.
faul Juges Se.	6/10/14
Required Signature/Incorpo	rator ' / Date