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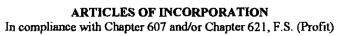
COVER LETTER

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

SUBJECT:	TEALE !		ING.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	JDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED					
FROM: VIRGINIA T. JANKOVSKY Name (Printed or typed)					
6910 5W 44 57. #106					
<u>/</u>		33/5 State & Zip	5		
3/2- 3/6-2726 Daytime Telephone number					

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

TEALEDESIGN & GMAIL. COM
E-mail address: (to be used for future annual report notification)





ARTICLE I NAME The name of the corporation shall be:	E DESIGN, INGUN 17 Fit 2: 48
ARTICLE II PRINCIPAL OFFICE	,
Principal <u>street</u> address	Mailing address (Indifferent is: FISTATE TALLAHASSEE, FLORIDA
VIRGINIAT. JANKOVSKY	
6910 SW 44 2 57. 410	<u> </u>
MIAMI, SL. 33155	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	CREATE AND DESIGN MARKETING
AND PRINT MEDIA MATE	
PERSONAL AND BUSINES	S ENTITIES SEEKING COMPORTE
IDENTITY, SALES & MANKET	TING MATERIALS, PUBLIC RELATIONS
AND/OR ANY OTHER DE	SIGN/GRAPHIC MATERIALS AND/OR
MEDIA	
The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR D. Name and Title: VIRGINIA T. JAN Address PRESIDENT AND CREA 6910 SW 44 ^T MIAMI, SL.	New Dinggion SR. 4106
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:



Name and	Title:	Name and Title:	14 JUN 17	PM 2: 48	
Address		Address:	SECRETARY TAIL AHASSE	OF STATE E. FLORIDA	
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:		-			
Address:	JASON A. JANKOVSKY 6910 SW YY # 51. #104	9			
	MIAMI SL 33/55	5			
ARTICLE VII	INCORPORATOR				
The <u>name and add</u>	Iress of the Incorporator is:				
Name:	Mels Business Services				
Address:	720 Heurtland DR #N				
	Super Grove II. 6034				
	ed as registered agent to accept service of process j m familiar with and accept the appointment as regi				
6	200		10-	12-14	
	Required Signature/Registered Agent			Date	
submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in £817.155, F.S.					
Nelsi	e White		6/	12/14	
, 4	Required Signature/Incorporator		/	/Date	