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## **COVER LETTER**

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

SUBJECT: HY ON WINKLE INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
FROM: Jacquelyn Van Winkle Name (Printed or typed)  1724 Goose Cross Ct. Address						
Port Orana						
> 01	elephone number					

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

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

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

The name of the corpo	ration shall be:	Vanwinkle	Inc.	
1724.6	Principal street address  OOSC ( OSC	s.C1.	Mailing address	s, if different is:
POIT UI	ang, t	L. 36160		
The purpose for which FO/ COS	repose the corporation is organized for the second	resole o Supplies.	f cosmeti Persinalima	ics,
The number of shares of	TIAL OFFICERS A	ND/OR DIRECTORS	– -President	DIVISION OF
Address	Port Ora	nge FT 3212	Address:	AM 10: 53
Name and Title Address	1724 60086	nWinkle-VI cross Ct. A je, F1 32128	e President	
Name and Title	1724 6003	nWinkle Sr. :: secross Ct. A ngr, Fl	Secretary  ddress:	

Name and Title: Lewis Van Winkly Jr. / Treasure	eQ_					
Address 1724 GOOSCOUSS Ct., Address:	<del></del>					
Post Orange, Fr.						
32128						
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:						
Name: JacquelynlanWinkle						
Address: 1724 Coose cross Ct.						
Port Orange, F1 32128	N NO					
ARTICLE VII INCORPORATOR						
The name and address of the Incorporator is:	AM 10: 53					
• • •	S					
Name: Jacquelyn VanWinkle Address: 1724 Gouse Cross Ct.						
Port Orange, Fla. 32128						
Having been named as registered agent to accept service of process for the above stated corporation his certificate, I am familiar with and accept the appointment as registered agent and agree to act in						
Daniel la Colle	6/11/14					
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 locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
Charles Oc	6/11/14					
Required Signature/Incorporator	Date					