## D/WW583)/

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

Office Use Only



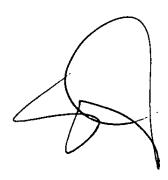
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## **COVER LETTER**

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

SUBJECT:

	(Thorobas Com one	TIE WOOD INCO	<u>obciper in</u>	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$/8.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM:	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	e (Printed or typed)		
Oronge pa	γX.	Address  F1 3207  State & Zip	3	. I
	904) 318 Daytime 7  Sund 200 series  E-mail address: (to be use	elephone number  Symail: Count after future annual report	Ind Dust	D Gmail.con

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:	End to Past (1) PH 12: 38
ARTICLE II PRINCIPAL OFFICE  Principal street address  Z95 tuntle Pove, Principal Street address  Overse Pank, El  32.075	VALLAFIES STATE Mailing address, if different is ORIDA
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  EXCEPTIONAL CLEAN	To provide Affondable to
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DI  Name and Title: Reanal Cate  Address  Z95 tante Bu  DV Ovange I	Name and Title:
Name and Title:	
Name and Title: Address	Name and Title:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
<b>ARTICLE VI REGISTERED AGENT</b> The <u>name and Florida street address</u> (P.O. Box NOT acce	antable) of the registered agent is:
Name: Reanold Carte	phable) of the registered agent is.
Address: 298 turtle Pou	e
Dr Orange pa	e rk \$1 32073
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Reanold Carter	<u>~</u>
Address: 295 tantle Vous	e Dr
Ovange Pank,	F1 32073
Having been named as registered agent to accept service a this certificate, I am familiar with analaccept the appointm	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
	07/09/14
Required Signature/Registered A	gent Daté
I submit this document and affirm that the facts stated hi document to the Department of State constitutes a third deg	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
7	07/09/14
Required Signature/Incorporat	or Date