PK00060840

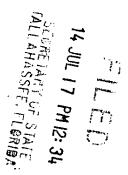
(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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7/14

COVER LETTER

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

SUBJECT: TELSTED Garage Doors & PROPERTY Maintenance (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal 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	\$21 \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: Ed Olivencia Name (Printed or typed)					
	31 mandolin De				
Lake Placid F1 33852 City, State & Zip					
	863-840-4 Daytime T	•			
	IAuskedine @ Aol. Co E-mail address: (to be use	M	notification)		
	E-man address, (to be use	a for future aimaur report	nonnound ,		

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)

				_
	Principal street address	M	lailing address, if differen	nt is:
131 Mande	IN Dr		·	<u> </u>
ash Otras	1 El 33852		12	
PIC //NE/C	3383		SSE	7
·	·		<u></u>	} 32 :
RTICLE III PUR	RPOSE	a	. , , , , , ,	
e purpose for which	the corporation is organized is: Busing	ss Garage	Doving & / AU	N Servi
		•	7.	با الت
RTICLE IV SHL ne number of shares of		·		
ne number of shares of	f stock is: TIAL OFFICERS AND/OR DIRECTO			
ne number of shares of	f stock is:			
ne number of shares of	tial officers and/or directo	Name and Title:_		
RTICLE V INI Name and Titl	tial Officers AND/OR DIRECTO de: Ed Olivencie - R 13/ Mandelin Dr	Name and Title:_		
RTICLE V INI Name and Titl	tial officers and/or directo	Name and Title:_		
RTICLE V INI Name and Titl	tial Officers AND/OR DIRECTO de: Ed Olivencie - R 13/ Mandelin Dr	Name and Title:_		
RTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO LET Olivencie - P 13/ mandelin Dr LOKE Placed 6/ 38852	Name and Title:Address:		
RTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO LET Olivencie - P 13/ mandelin Dr LOKE Placed 6/ 38852	Name and Title:Address:		
RTICLE V INI Name and Title Address	tial Officers and/or director ie: Ed Olivencie - R 131 mandelin Dr Loke Placed 61 38852	Name and Title: Address: Name and Title:		
RTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO LET Olivencie - P 13/ mandelin Dr LOKE Placed 6/ 38852	Name and Title: Address: Name and Title:		
RTICLE V INI Name and Title Address	tial Officers and/or director ie: Ed Olivencie - R 131 mandelin Dr Loke Placed 61 38852	Name and Title: Address: Name and Title:		
RTICLE V INI Name and Title Address	tial Officers and/or director ie: Ed Olivencie - R 131 mandelin Dr Loke Placed 61 38852	Name and Title: Address: Name and Title:		
RTICLE V INI Name and Title Address	tial Officers and/or director ie: Ed Olivencie - R 131 mandelin Dr Loke Placed 61 38852	Name and Title: Address: Name and Title:		
RTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR 13/ Mandelin Dr Lake Placed F1 33852	Name and Title: Address: Name and Title: Address: Address:		
RTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO LE Ed Olivencie - P 13/ mandelin Dr Loke Placed 6/ 38852	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		
RTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR 13/ Mandelin Dr Lake Placed F1 33852	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO LE Ed Olivencie - P 13/ mandelin Dr Loke Placed 6/ 38852	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	the ancietaned promiting
The name and Florida street address (P.O. Box NOT acceptable) of Name: Ed Olivon o. a.	the registered agent is:
Address: 131 mandolin Dr Lite Placed 21 33852	HASSS TANK
LAK Placed 21 33852	
ARTICLE VII INCORPORATOR	PHIZ: 34
The name and address of the Incorporator is:	
Name: Ed Olivencia	
Address: 131 mardulu or	
Name: Ed Olivencia Address: 131 mardulu Dr Like Placed El 33852	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Required Signature/Registered Agent	6-21-14
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
(2) ()	6-21-14
Required Signature/Incorporator	Date