## PIULO 6 6 5 9

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
9	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
-				

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID!



## **COVER LETTER**

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

SUBJECT: 5	mannee Detail (PROPOSED CORPORAT	Group INC		
	(PROPOSED CORPORAT	TE NAME – MUST INCLU	<u>JDE SUFFIX</u> )	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	·	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Jason V Holland Name (Printed or typed)				
	631 Mary muc St	SE Live On 4		
Live Och Florida 32064 City, State & Zip				
	386, 362, 3892 Daytime Te	elephone number		
E-mail address: (to be used for future annual report notification)				

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

ARTICLES OF INCORPORATION FILED In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME Suvannee Detai The name of the corporation shall be: Mailing address, I dill Saving OF STATE FLORIDA PRINCIPAL OFFICE Principal street address Maryman St SG ARTICLE III PURPOSE The purpose for which the corporation is organized is: Detailing Services ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Owner Name and Title: 631 mary muc St SE Address: Address Live Out Fl 32064 Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Address \_\_\_\_\_ Address:

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of t	
Name:	Jason V Holland	
Address:	631 Maryman St SE	
	Live Oak Fl 32064	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Jason V Holland	
Address:	631 Marymue St SE	
	Lire Out Fl 32064	
	ed as registered agent to accept service of process j m familiar with and accept the appointment as regi	for the above stated corporation at the place designated in Istered agent and agree to act in this capacity
_//~ (	Halis	7-29-14
	Required Signature/Registered Agent	Date
I submit this docu document to the D	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.
In	244	7-29-14
	Required Signature/Incorporator	Date