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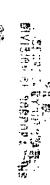
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

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

_{SUBJECT:} The	Law Offices of A	Ann H. Perry,	P.A.
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the art	icles 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 CO	
FROM: Ar	nn H. Perry	·	
	Nam	e (Printed or typed)	. 007
40	00 Executive Ce	nter Drive Sui	te 207
W	est Palm Beach	, Fl 33401	
ير مو	ŕ	, State & Zip	
56	61 686 6550	Telephone number	
	Daytine	i cichaone namoci	

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

aperrylaw@yahoo.com

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)

	ICIPAL OFFICE			
OO Evenutio	Principal street address	Mailing ac	ldress, if different is:	
	ve Center Drive			
Suite 200				
West Palm E	Beach, Fl 33401			
RTICLE III PURI	POSE le corporation is organized is: legal s	ervices		
ne purpose for which in	ic corporation is organized is.	7-1		
				
ARTICLE IV SHA	RES 100			
ARTICLE IV SHA	RES 100			
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	<u>. </u>		
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR			
Name and Title		Name and Title:		加
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR Ann H. Perry, President			anv te
ARTICLE V INIT	Ann H. Perry, President 400 Executive Ctr Dr Suite 207	Name and Title:		F# Nuc 25
ARTICLE V INIT	Ann H. Perry, President 400 Executive Ctr Dr	Name and Title:		an l
ARTICLE V INIT Name and Title Address	Ann H. Perry, President 400 Executive Ctr Dr Suite 207	Name and Title:Address:		AUG 25 PM
ARTICLE V INIT Name and Title Address	Ann H. Perry, President 400 Executive Ctr Dr Suite 207 West Palm Beach, FI 33401	Name and Title: Address: Name and Title:		NUC 25 PM 1:45
Name and Title Address Name and Title:	Ann H. Perry, President 400 Executive Ctr Dr Suite 207 West Palm Beach, FI 33401	Name and Title: Address: Name and Title: Address:		NUC 25 PM 1: 45
Name and Title Address Name and Title:	Ann H. Perry, President 400 Executive Ctr Dr Suite 207 West Palm Beach, FI 33401	Name and Title: Address: Name and Title: Address:		MUG 25 PH 1:45
ARTICLE V INIT Name and Title Address Name and Title:	Ann H. Perry, President 400 Executive Ctr Dr Suite 207 West Palm Beach, FI 33401	Name and Title: Address: Name and Title: Address:		MUG 25 PH 1:45
Name and Title Address Name and Title: Address	Ann H. Perry, President 400 Executive Ctr Dr Suite 207 West Palm Beach, FI 33401	Name and Title: Address: Name and Title: Address:		NUG 25 PH 1: 45

Name an	d Title:	Name and Title:	
Address		Address:	
Name: Address:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of Ann H. Perry 400 Executive Center Dr, Ste 207 West Palm Beach, FI	AUG 25 PH	BIVISIAL ATTOMS THE
ARTICLE VII	INCORPORATOR	1:45	ž.
	ddress of the Incorporator is: Ann H. Perry		
Name: Address:	400 Executive Ctr Dr., Ste 207		
Having been na this certificate, I	am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in	
I submit this do	Required Signature Registered Agent cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony Required Signature/Incorporator	Date true. I am aware that the false information submitted in a was provided for in s.817.155, F.S. 8-20-14 Date	