P14000073594

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(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:	Corpor	OtiON TE NAME - MUST INCL	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Tony James	S Nelson 1	<u></u>
	1560 W 35	Address +.	
	Scaksonville, FL	32209 State & Zip	
	904-713-92 Daytime T	elephone number	
	extruor 129 loba	(amai com	notification)

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)

ME ation shall be: R	ovet Co	rporation	
Principal street address Sh.		Mailing addres	s, if different is:
RPOSE the corporation is organized Software	ment, med	Advertiser	nent, web on, video
f stock is: $2,000,0$			
		ne and Title: LCX \	ang C.O.O
1560 W 3	5 th St. Ad		
e: <u>Savannah</u> N	Jelson Nai	ne and Title:	10 X 1
		dress:	
e:	Na	ne and Title:	
	Ad	dress:	
	INCIPAL OFFICE Principal street address 1 35 m st. 1 1	INCIPAL OFFICE Principal street address 1 35th St. Cle, FL 32209 RPOSE the corporation is organized is: Online Leb development, med 1, Software development 1, Softwa	INCIPAL OFFICE Principal street address Mailing address

Name and Title:	Name and Title:				
Address	Address:				
	<u> </u>				
A.,					
ARTICLE VI REGISTERED AGENT					
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:				
Name: Lon King					
Address: 1560 W.357 St.					
Lorksonville, FL 32209					
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Tony lymes Nelson It					
Name: lony James Nelson IF Address: 1510 W. 35th St.					
Jacksonville, FL 3220					
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stated agent and agree to act in this capacity				
	8-24-14				
Required Signature/Registered Agent	Date				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
	- Jan 1 1 1				
Required Signature/Incorporator	8-29-74 Date =				
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(HASSEC FLANDA				
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