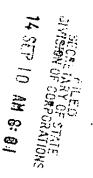
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



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aller.

COVER LETTER

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

SUBJECT: Ta	Kats Architect	val Design	in Corporation)
Enclosed are an orig	inal and one (1) copy of the artic	cles 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	PPY REQUIRED	
FROM:	_	(Printed or typed)		
 -	192 San Re	MO DC. ddress	<u> </u>	
	561 222-37	State & Zip		
.		elephone number		

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

E-mail address: (to be used for future annual report notification)

John-takats@gmail.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TER	FL 33.	458			
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Name an	d Title: Name and Title:
Address	Address:
ARTICLE VI	REGISTERED AGENT
	orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	John Ross Takats
Address:	192 SAN RENO DRIVE
	JUPITER, FL 33458
ARTICLE VII	INCORPORATOR
The name and ad	diress of the Incorporator is:
Name:	JOHN ROSS TAKATS
Address:	19d SAN REHO DZIVE JUPITER, FL 33458
	JUPITER, FL 33458
	ned as registered agent to accept service of process for the above stated corporation at the place designated in In familiar with and accept the appointment as registered agent and agree to act in this capacity
	9/6/86
	Required Signature/Registered Agent Date
I submit this doc document to the l	ument and affirm that the facts stated herein are true. I am aware that the false information submitted in a Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.
	9 6 86
	Required Signature Date