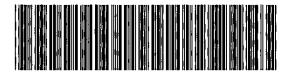
P14000079327

(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:				
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SECRETARY OF STATE ALVESTON OF CORPORATIONS
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COVER LETTER

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

SUBJECT: The	4518 Corporation	on	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	
■ \$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 PPY REQUIRED
FROM: Li	nda Francis	e (Printed or typed)	
45	518 SE 32d Plac	se	

Ocala, FL 34480

City, State & Zip

352-653-0256

Daytime Telephone number

linfrancis.btw@gmail.com

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

Address

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



September 3, 2014

LINDA FRANCIS 4518 SE 32D PLACE OCALA, FL 34480

SUBJECT: THE 4518 CORPORATION

Ref. Number: W14000053683

We have received your document for THE 4518 CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 414A00018784

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

Principal street address 518 SE 32d Place		Mailing	Mailing address, if different is:	
cala, FL				
RTICLE III Poet purpose for which	URPOSE th the corporation is organized is: All legal	purposes under	the state of Florida.	
			7 1	
- · · · - · · · - ·			STP 22	
			P. 255	
			# 110 \$ 100 \$ 17	
	,		ar i	
RTICLE IV Se number of shares	HARES of stock is: 100			
RTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR			
RTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR Title: Linda Francis, President 4518 SE 32d Place	RS Name and Title: Address:		
Name and T	NITIAL OFFICERS AND/OR DIRECTOR Title: Linda Francis, President	_ Name and Title:		
Name and T	NITIAL OFFICERS AND/OR DIRECTOR Linda Francis, President 4518 SE 32d Place Ocala, FL 34480	Name and Title: Address:		
Name and T	MITIAL OFFICERS AND/OR DIRECTOR Linda Francis, President 4518 SE 32d Place Ocala, FL 34480 Aloma Allen-Smith, Vice President 4518 SE 32d Place	Name and Title: Address:		
Name and T Address Name and T	MITIAL OFFICERS AND/OR DIRECTOR Citle: Linda Francis, President 4518 SE 32d Place Ocala, FL 34480 Aloma Allen-Smith, Vice President	Name and Title: Address: Name and Title:		
Name and T Address Name and T	Aloma Allen-Smith, Vice President 4518 SE 32d Place Ocala, FL 34480 Aloma Allen-Smith, Vice President 4518 SE 32d Place Ocala, FL 34480 Michael Francis, Secretary/Treasurer	Name and Title: Address: Name and Title: Address:		
Name and T Address Name and T Address	Aloma Allen-Smith, Vice President 4518 SE 32d Place Ocala, FL 34480 Aloma Allen-Smith, Vice President 4518 SE 32d Place Ocala, FL 34480 Michael Francis, Secretary/Treasurer	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		

Address Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Linda Francis	
4518 SE 32d Place	
Ocala, FL 34480	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Linda Francis	
Address: 4518 SE 32d Place	
Ocala, FL 34480	
Having been named as registered agent to accept service of process for the above stated corporation at the place des this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	ignated in
Required Signature/Registered Agent Date	X.
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submodule to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	nitted in a
9/12/14	
Required Signature/Incorporator Date	