P14000092266

(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:				
	٠			
÷				





400265080084

11/10/14--01016--021 **78.75

14 NOV 10 NH 8: 59

COVER LETTER

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

SUBJECT: Prel	listDeals.Com,In	C.	
БОВОВСТ,	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Employed are an orio	inal and ana (1) converths on	lialas afinaarmaration an	d a abaale for
Enclosed are an ong	rinal and one (1) copy of the art	ncies of incorporation and	i a check for.
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Jo	ohn Cobey	e (Printed or typed)	
S	te.2350, 250 Eas	st 5th Street	
		Address	
С	incinnati,Ohio 45	5202	
	City	, State & Zip	
5	13-333-5234		
	Daytime 7	relephone number	
ic	obey@ctks.com		
<u></u>		ed for future annual report	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)

WALE TO BELLEVIA OFFICE		
PICLE II PRINCIPAL OFFICE	Matting Jane 16	lifferent in
Principal <u>street</u> address O S. Australian Ave. Ste 1107	Mailing address, if o	lifferent is:
		
est Palm Beach,Fl 334	<u></u>	
•		
TICLE III PURPOSE purpose for which the corporation is organize	To license and develop technology and do all things pered is:	mitted by Firoida L
number of shares of stock is: 1,000		
number of shares of stock is: 1,000		
TICLE V INTTIAL OFFICERS AND	OR DIRECTORS	₩.
		7
	/OR DIRECTORS Name and Title:	花言
Name and Title:		3.4 6
Name and Title:	Name and Title:	元
Name and Title:	Name and Title:	7 T
Name and Title:	Name and Title:	元
Name and Title:Address	Name and Title:	1
Name and Title: Address Name and Title:	Name and Title: Address: Name and Title:	1
Name and Title:	Name and Title: Address: Name and Title:	9. 5
Name and Title:	Name and Title: Address: Name and Title:	9. 5
Name and Title:	Name and Title: Address: Name and Title:	9. 5
Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address:	0 At 9: 15
Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title:	0 At 9: 15
Name and Title: Address Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title:	9: 1
Name and Title: Address Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title:	7

Name and	f Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered event in
Name:	Nick Jackson	the registered agent is.
Address:	250 S. Australian Ave. Suite 1107	
	West Palm Beach, Fl 33401	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Brian Brockman	<u>ား</u> မှ ထွား (၂) ကျောင်း
Address:	c/o Nick Jackson,250 S. Aurtrallan Ave. Ste 1107	
	West Palm Beach, Fl 33401	
	ned as registered agent to accept service of process un familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are constitutes a third degree felou	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
Sovian	Required Signature/Incorporator	(0/28/14 Date