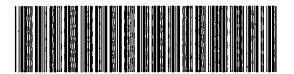
PH000094736

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

water Coffice Lies Only



000266647220

11/20/14--01018--025 **70.00

WENT TO PH 3: 23

· Car - r-T. Charles

2/4

COVER LETTER

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

SUBJECT: BAI	NK Masters, Inc.		
50B0EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CC	T REQUIRED
FROM: V	/illiam Dedek		
	Nam	e (Printed or typed)	
7	550 SW 4th St.		
		Address	
Р	lantation, FL 333		
	City	, State & Zip	
9	54-644-2814		
	Daytime 1	Celephone number	

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

info@dedekation.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)

ricle ii <u>pri</u> 27 W. Brow	NCIPAL OFFICE Principal street address Ard Blvd.		Mailing address, if diffe	rent is:	
77 ·					
antation, FL	. 33317			<u> </u>	
TICLE III PUR	POSE the corporation is organized is: Distrib	ution of sale	es training pro	duct	:S _i ÷
purpose for which	nie corporation is organized is.			122	To:
				35.5 55.7	25
···				111	79
··.				9.5	<u>(3)</u>
	<u> </u>		 	<u> </u>	<u> </u>
number of shares of		- .			
number of shares of	rial officers and/or director William Dedek, Director		Michael Pogg		
number of shares of	stock is: 100 TIAL OFFICERS AND/OR DIRECTOR William Dodek Director		Michael Pogg 11365 Earne		
number of shares of TICLE V INT Name and Title	rial officers and/or director William Dedek, Director	Name and Title		st Bl	
TCLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR William Dedek, Director 7550 SW 4th St. Plantation, FL 33317	_ Name and Title _ Address: _	11365 Earnes Davie, FL 33	st Blv 325	vd
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR William Dedek, Director 7550 SW 4th St. Plantation, FL 33317 Deborah Dedek	_ Name and Title _ Address: Name and Title	11365 Earne Davie, FL 33	st Blv 325	vd
TCLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR William Dedek, Director 7550 SW 4th St. Plantation, FL 33317 Deborah Dedek	_ Name and Title _ Address: _	11365 Earne Davie, FL 33	st Blv	vd
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR William Dedek, Director 7550 SW 4th St. Plantation, FL 33317 Deborah Dedek 7550 SW 4th St.	_ Name and Title _ Address: _ Name and Title _ Name and Title _ Address:	11365 Earnes Davie, FL 33	st Blv	vd

(con		

Name an	d Title:	Name and Title:	
Address	i	Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	a) of the registered agent is:	
Name:	William Dedek	~1	
Address:	7550 SW 4th St.		20K
ruui caa.	Plantation, FL 33317		20 PH
ARTICLE VII	INCORPORATOR	E CONTRACTOR CONTRACTO	4 3; 23 23
The name and ad	Idress of the Incorporator is:		~~
Name:	William Dedek		
Address:	7550 SW 4th St.		
	Plantation, FL 33317		
		cess for the above stated corporation at the place design registered agent and agree to act in this capacity	gnated in
	WK Dedel	11/17/2014	1
······································	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submelony as provided for in s.817.155, F.S.	itted in a
	WKDNeh	11/17/201	4
	Required Signature/Incorporator	Date	