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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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COVER LETTER

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

SUBJECT:(The ///s (PROPOSED)	/ CORPORATI	J Landsca, ENAME-MUST INCL	Ding Inc UDE SUFFIX
Enclosed are an ori	ginal and one (1) copy	y of the articl	es of incorporation and	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Se	tatus	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		Ĺ	ADDITIONAL CO	
FROM: _	Caleb 0) 'De Name (1	Printed or typed)	
	46 95 65	5 + 1 A	le N.	
_1	Pinellas Pa	City, St	7. 3378/ Tate & Zip	
	727-5	9/ - 37 Daytime Tel	/S/ ephone number	
	Calebodel E-mail address	59@ ya (to be used	hoc. Com 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)

TICLE II PR						
	Principal stree	_ ,		Mailing addres	s, if different is:	
695 65	th Ave	\mathcal{N} .		Same		
Pinellas 1	Pack FL	. 33781	1			
 						
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Name and	d Title: Naı	me and Title:
Address	Ad	dress:
ARTICLE VI	REGISTERED AGENT	
ine name and FI	dorida street address (P.O. Box NOT acceptable) of the	registered agent is:
Nam:	Caleb O'Dell	
Address:	4695 65th Ave N	
	Pinellas Park, FL. 33781.	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Caleb O'Dell	
Address:	4695 6514 AVE N.	
	Pinellas Park, FL, 33	781
Having been nan this certificate, I	ned as registered agent to accept service of process for am familiar with and accept the appointment as register	the above stated corporation at the place designated in ed agent and agree to act in this capacity
CM		1/i/15
	Required Signature/Registered Agent	≥ \CDates
I submit this doc document to the	cument and affirm that the facts stated herein are true. Devartment of State constitutes a third degree felony as Required Signature/Incorporator	I am aware that the false information submitted in a provided for in s.817.155, F.S.
		- STATE